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Family Dependency Treatment Court Standards for Accountability Courts

Judicial Council of Georgia
Administrative Office of the Courts



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Purpose

These standards are recommended to provide a general framework of common principles, policies and practices for family drug courts in the State of Georgia. They present a single orientation from which the judicial branch, including judges and all court personnel, can work with prosecutors, the defense bar, corrections officials, local government, law enforcement, department of social services, and public and private treatment providers to address problems of substance abuse which pervade the court system's criminal and abuse and neglect caseload. The steps are stated broadly in order to leave room for each family drug court to meet local needs. This structure of standards and practices will:

- Minimize duplication of efforts and ensure greater coordination among all court supervised family drug court programs throughout the State of Georgia;
- Maximize coordination and sharing of scarce treatment resources;
- Strengthen efforts to obtain federal funding; and
- Facilitate development of coordinated long-range plans for financing drug treatment court operations.

Introduction

To achieve the goal of creating a statewide system of accountability courts in Georgia, accountability court programs shall adhere to the standards and recommendations for operation approved by the Judicial Council. These standards were developed from a review of national research findings and best practices and an analysis of practices and procedures used in Georgia's accountability courts.

Program certification and eligibility for state funding will be based on adherence to these standards, and each program will be subject to a performance peer review no less than once every three years.

Acknowledgements

The standards for Georgia accountability courts were developed in part from the following research and publications.

- *Defining Drug Courts: The Key Components*. January 1997. National Association of Drug Court Professionals
- *Guidance to States: Recommendations for Developing Family Drug Court Guidelines*, 2013. Children and Family Futures.
- *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model*, December 2004. Bureau of Justice
- Family Dependency Treatment Court Standards, Spring 2008. Minnesota Judicial Branch.
- Effective Practices. New York State Family Courts.
- *Best Practices for North Carolina Drug Treatment Courts*, August 2010. Administrative Office of the Courts, Court Programs Division
- Family/ Dependency Drug Treatment Court Programs. Office of Problem Solving Courts. Maryland Drug Courts.
- Family Drug Treatment Court Standards, October 2008. Judicial Services Department, Supreme Court of Virginia.

Further Information

The Administrative Office of the Courts, staff for the Judicial Council of Georgia, is responsible for providing training, technical assistance, and support on these standards, so if your local court, agency and/or organization have questions related to the information presented in this document, please contact a member of the Accountability Courts Program Staff.

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Section I

Family Drug Court Standards

1. Family drug courts integrate substance abuse treatment services with deprivation/child welfare/child abuse and neglect case processing.

1.1 Pursuant to O.C.G.A. § 15-1-15, each family drug court shall establish a planning group to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the court, and shall include all policies and practices related to implementing the standards set forth in this document. The family drug court shall rely on judicial leadership for both planning and implementation of the court.

1.2 The family drug court team should include, at a minimum, the following representatives: judge, special assistant attorney general (SAAG), parent attorney, child attorney, program coordinator, Department of Family and Children Services (DFCS) representative, court appointed special advocate (CASA) or other child advocate, community policing officer/surveillance officer and treatment provider/substance abuse professional.

1.3 The family drug court team shall collaboratively develop, review, and agree upon all aspects of drug court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, program structure guidelines) prior to commencement of program operations.

1.4 This plan is executed in the form of a Memorandum of Understanding (MOU) between all team members and updated annually as necessary.

1.5 Each of these elements shall be compiled into a written Policies and Procedures Manual which shall reflect current practices and shall be reviewed and updated as necessary no less than every two years.

1.6 The goals of family drug court programs in Georgia shall be as follows:

- (1) The protection, best interests and permanency of children,
- (2) The promotion of safe and stable families through abstinence from alcohol and illicit drugs
- (3) The promotion of law-abiding behaviors in the interest of public safety while addressing the comprehensive needs of parents and children, and
- (4) Targeting permanency for children who have been exposed to parental substance abuse.

1.7 All members of the family drug court team are expected to attend and participate in a minimum of two formal staffings per month.

1.8 Members of the family drug court team are expected to attend all drug court sessions.

1.9 Evidenced-based treatments, programs and practices, as recommended by the Georgia Family Dependency Treatment Court Standards, shall be adopted by the family drug court to ensure quality and efficacy of services to guide practices.

1.10 Family drug courts should provide for a continuum of services through partnership with a primary provider to deliver substance abuse treatment. Additional services shall be provided to children, parents and families, which may include child development, trauma, mental health, parenting, vocation education or other ancillary services, as needed.

1.11 All service providers shall maintain ongoing communication with the family drug court. Treatment and other service providers should provide weekly written reports to the court on the progress of the children, participants, and families in the drug court. A reporting schedule shall be agreed upon by the family drug court team and established in writing as part of the family drug court's operating procedures. Significant events should be reported immediately but no later than 24 hours.

1.12 Participants should have contact with case management personnel (family drug court staff, treatment representative or Department of Family and Children Services (DFCS) at least once per week during the first twelve months of treatment to review status of treatment and progress.

1.13 Family drug courts shall operate within the mandates of all applicable state and federal laws.

2. Using a non-adversarial approach, the judge, prosecution, defense counsel and others promote public safety while protecting the rights of participants.

2.1 State attorneys, parent attorneys and child advocates shall be members of the family drug court team and shall participate in the design, implementation, and enforcement of the program's screening, eligibility and case-processing policies and procedures.

2.2 The state attorney, parent attorney, and child advocate shall work to create a sense of stability, cooperation, and collaboration in pursuit of the program's goals.

2.3 Roles of family drug court team members:

(1) **Judge:** The role of the judge is to ensure the safety, permanency, and well-being of children, provide leadership, serve as the public face of the family drug court, ensure children and participants receive appropriate services, oversee the progress of family members in treatment, lead the team in development of all protocols and procedures, encourage continuous education for all family drug court staff, make appropriate court orders at the FDTC hearings, reward successes, sanction noncompliance, and facilitate team discussions. Judges are a vital part of the family drug court team. As a leader, the judge's role is paramount to the success of the family drug court program. The judge must also possess recognizable leadership skills as well as the capability to motivate team members and elicit buy-in from various stakeholders. The selection of the judge to lead the family drug court team, therefore, is of utmost importance.

(2) **Coordinator:** The role of the coordinator is to jointly serve as the public face of the family drug court, serve as the chief administrator, coordinate drug testing and results, coordinate the referral process, develop and communicate agendas, provide notification of special meetings and dates, schedule and facilitate clinical staffing and pre-court staffing, participate with all team members in the development of the forms necessary to process cases in the family drug court, maintain files on all family drug court clients, act as liaison between the parents, attorneys, treatment providers and others, monitor the provision of services, keep appropriate and current case files on clients, collect weekly progress information, prepare a consolidated weekly progress update on each client reporting for court, assist in identification and enrollment of potential participants, and coordinate additional services for family drug court participants.

(3) **Special Assistant Attorney General (SAAG):** The role of the SAAG is to represent DFCS at staffings and family drug court hearings, prepare and file necessary pleadings, and participate as an active, engaged member of the family drug court team.

(4) **Child Attorney:** The role of the child attorney is to represent children in the family drug court at staffing and required hearings, prepare for and file necessary pleadings, and participate as an active, engaged member of the family drug court team.

(5) **Parent Attorney:** The role of the parent attorney is to represent parent participants of the family drug court at staffing and required hearings, prepare and file necessary pleadings, and participate as an active, engaged member of the family drug court team.

(6) **CASA/Child Advocate:** The CASA /Child Advocate should advocate for the best interests of the children served by family drug court at staffing and hearings, and participate as an active, engaged member of the family drug court team.

(7) **DFCS Representative:** The role of the DFCS Representative is to protect children's health and safety, ensure the well-being of the children, ensure that children and their parents receive necessary services in addition to substance abuse treatment, assist in identifying potential participants and refer them to family drug court, inform the team immediately of any significant changes in the needs of children and parents, and attend and participate as an active, engaged member of the family drug court team in all staffings and required hearings.

(8) **Treatment Provider:** The role of the treatment provider is to provide the parent with the appropriate level of substance abuse treatment as determined after evaluation and assessment, bring physical/mental health treatment needs of the parent to the attention of the family drug court team, provide services to address parents' needs or make appropriate referrals for services, provide weekly progress notes to the family drug court each week in a timely manner, provide random, observed drug and alcohol testing, and to provide a discharge plan for the parent and all parties involved.

(9) **Community Policing Representative/Surveillance Officer:** The role of the Community Policing Representative/Surveillance Officer is to report observations made during random home visits, report observations regarding the children and the home environment, conduct random, observed drug screens, and to report results of drug tests and any other information deemed relevant to the family's continued success.

2.4 All pending family drug court cases shall be scheduled for regular staffing and judicial court reviews in compliance with the standards set for each cases' current phase in the program.

2.5 All family drug court team members shall agree to attend staffing and court as appropriate, participate in relevant training opportunities, continuously strive to improve the lives of children and families by providing support and services, shall contribute to the team's efforts in community education, education of peers, colleagues and the judiciary regarding the effects of generational substance abuse and neglect and the efficacy of family drug courts in addressing the problem.

2.6 All family drug court team members shall strive to work together as a collaborative, non-adversarial team, which shall be supported by regular cross training opportunities.

2.7 The family drug court shall employ a non-adversarial approach with all parties, which shall promote public safety while protecting participants' due process rights.

2.8 Parents are eligible for family drug courts when they have un-remediated substance abuse which adversely affects their ability to parent their children properly.

2.9 The family drug court shall focus on the permanency, safety and welfare of abused and neglected children, while addressing the needs of the parents, as well.

2.10 All participants shall receive a participant handbook. Receipt of the handbook shall be acknowledged through a signed form or through a signed contract, a copy of which shall be placed in the court file.

2.11 Each family drug court shall develop and use a form or contract to document that each participant has received counsel from an attorney prior to admittance to the family drug court, a copy of which shall be placed in the court file.

2.12 The decision to participate in a family drug court shall be made solely by the eligible participant with advice from counsel.

2.13 The judge must apprise a participant of all due process rights, rights being waived and program expectations on the record or through signed contract entered into the record.

2.14 Parents may request a formal hearing on the issue of termination of the family drug court program.

3. Family drug courts emphasize early identification and placement of eligible participants.

3.1 Eligible participants shall be identified early, and promptly admitted into the drug court program, should they elect to participate.

3.2 Participants' eligibility requirements/criteria (verified through legal and clinical screening) shall be developed and agreed upon by all members of the drug court team and included in writing as part of the program's policies and procedures.

3.3 Screening for program eligibility shall include the review of legal requirements and clinical appropriateness, including the administration of a risk and needs assessment.

3.4 The target population for family drug courts should be participants classified as moderate to high-risk and/or needs, as determined by a risk and needs assessment.

3.5 Members of the family drug court team shall screen cases for eligibility and identify potential family drug court participants.

3.6 Participants being considered for family drug court shall be promptly advised about the program, including the requirements, scope and potential benefits and effects on their case.

3.7 Participants should begin treatment as soon as possible; preferably, no more than 30 days should pass between a participant being determined eligible for the program and commencement of treatment services.

3.8 Assessment for substance abuse and other treatment shall be conducted by appropriately trained and qualified professional staff, using standardized assessment tools.

3.9 Family drug courts shall maintain an appropriate caseload based on their capacity to effectively serve all participants according to these standards.

3.10 No potential participant shall be excluded solely based on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation, or disability.

4. Family drug courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services.

4.1 The family drug court shall provide confidentiality for both parents and children.

4.2 Family drug court programs should last a minimum of 12 months and should not exceed 24 months.

4.3 Family drug court programs shall offer a comprehensive range of core alcohol and drug treatment services. These services include:

- (1) Group counseling
- (2) Individual counseling
- (3) Drug testing.

4.4 Family drug court programs should ideally offer:

- (1) Family counseling
- (2) Gender specific counseling
- (3) Domestic violence counseling
- (4) Health screening
- (5) Assessment and counseling for co-occurring mental health issues

4.5 Ancillary services are available to meet the needs of participants. These services may include but are not limited to:

- (1) Employment counseling and assistance
- (2) Educational component
- (3) Medical and dental care referrals and assistance
- (4) Transportation
- (5) Housing needs
- (6) Mentoring
- (7) Alumni groups.

4.6 Case management plans shall be individualized for each participant based on the results of the initial assessment; ongoing assessment shall be provided according to a program schedule and treatment plans may be modified or adjusted based on results.

4.7 Treatment shall be comprised of standardized, evidence-based practices and other practices recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-Based Policies and Practices (NREPP).

5. Abstinence is monitored by frequent alcohol and other drug testing.

5.1 Participants shall be administered a drug test a minimum of twice per week during the first two phases of the program; a standardized system of drug testing shall continue through the entirety of the program.

5.2 Drug testing shall be administered to each participant on a randomized basis, using a formal system of randomization.

5.3 All family drug courts shall utilize urinalysis as the primary method of drug testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair, and saliva analysis.

5.4 All drug testing shall be directly observed by an authorized, same sex member of the drug court team, a licensed/certified medical professional, or other trained professional of the same sex as the participant being screened.

5.5 Urine specimens should be analyzed as soon as practical. Results of all drug screens should be made available to the court and action should be taken as soon as practical, ideally within 48 hours of receiving results of said screen.

5.6 In the event a single urine specimen tests positive for more than one prohibited substance, the results shall be considered as a single positive screen.

5.7 A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.

5.8 Each family drug court shall establish a method for participants to admit to use or dispute the results of a positive drug screen through gas chromatography-mass spectrometry or liquid chromatography-mass spectrometry.

5.9 Evidence of adulterated urine specimens, diluted urine specimens, failure to timely produce, and violations of testing protocols (i.e. temperature anomalies) may be considered positive screens. Missed, unexcused (as determined by the presiding judge) or substituted urine screens will be considered a positive screen.

6. A coordinated strategy shall govern family drug court responses to participant's compliance.

6.1 A family drug court shall have a formal system of sanctions and rewards, including a system for reporting noncompliance, which shall be established in writing and included in the court's policies and procedures.

6.2 The formal system of sanctions and rewards shall be organized on a gradually escalating scale and applied in a consistent and appropriate manner to match a participant's level of compliance.

6.3 Family drug courts should implement a system for a minimum level of field supervision for each participant based on their respective level of risk. Field supervision may include unannounced visits to home or workplace and curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.

6.4 Regular and frequent communication between all members of the family drug court team shall provide for immediate and swift responses to all incidents of non-compliance, including positive drug tests, among other transgressions.

6.5 There shall be no indefinite time periods for sanctions, including those sanctions involving incarceration or detention. Incarceration or detention should only be considered as the last option in the most serious cases of non-compliance.

6.6 Participants shall be subject to progressive positive drug screen sanctions prior to being considered for termination, unless there are other acts of non-compliance affecting this decision.

7. Ongoing judicial interaction with each family drug court participant is essential.

7.1 A designated juvenile court judge must preside over a family drug court program and should be committed to serving in this role long-term.

7.2 The presiding judge may authorize assistance from other judges, including senior judges and judges from other classes of courts, on a time-limited basis when the presiding judge is unable to conduct court.

7.3 The judge shall attend and participate in all pre-court staffings.

7.4 A regular schedule of status hearings shall be used to monitor participant progress.

7.5 There shall be a minimum of two status hearings per month in the first phase of family drug court programs and, dependent on participant needs, this minimum schedule may continue through additional phases.

7.6 Frequency of status hearings may vary based on participant needs and benefits, as well as judicial resources. Status hearings should be held no less than once per month during the last phase of the program.

7.7 Status review shall be conducted with each participant on an individual basis; to optimize program effectiveness, group reviews should be avoided unless necessary based on an emergency basis.¹

7.8 The judge, to the extent possible, should strive to spend an average of three minutes or greater with each participant during status review.

¹ Insufficient time based on program census does not constitute an emergency.

8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

8.1 Each family drug court shall be committed to regular measurement of program outcomes.

8.2 Participant progress, success and satisfaction should be monitored on a regular basis (including upon program entry and graduation) through the use of surveys.

8.3 Participant data should be monitored and analyzed on a regular basis (as set forth in a formal schedule) to determine the effectiveness of the program.

8.4 A process and outcomes evaluation should be conducted by an independent evaluator within three years of implementation of a family drug court program, and at regular intervals as necessary, appropriate, and/or feasible for the program thereafter.

8.5 Feedback from participant surveys, review of participant data, and findings from evaluations should be used to make modifications to program operations, procedures and practices.

8.6 Data needed for program monitoring and management are easily obtainable and shall be maintained in useful formats for regular review by program management.

8.7 If possible, family drug courts should use the preferred case management program, or compatible equivalent, as designated by the Judicial Council Accountability Court Committee.

8.8 Family drug courts shall collect, at a minimum, a mandatory set of performance measures determined by the Judicial Council Accountability Court Committee which shall be provided in a timely requisite format to the Administrative Office of the Courts as required by the Judicial Council Accountability Court Committee, including a comprehensive end-of-year report. The minimum performance measures to be collected shall include: recidivism (rearrests and reconvictions), number of moderate and high risk participants, drug testing results, drug testing failures, number of days of continuous sobriety, units of service (number of court sessions, number of days participant receives inpatient treatment), employment, successful participant completion of the program (graduations), and unsuccessful participant completion of the program (terminations, voluntary withdrawal, death/other).

9. Continuing interdisciplinary education promotes effective family drug court planning, implementation and operations.

9.1 Family drug court programs shall have a formal policy on staff training requirements and continuing education.

9.2 All members of a family drug court team shall receive training through the state of Georgia, national drug court and/or other approved training.

9.3 Existing programs should participate in Family Drug Court Operational Tune-Up as needed.

9.4 Court teams, to the extent possible, should attend comprehensive training on an annual basis, as provided by the Judicial Council Accountability Court Committee, the National Association of Drug Court Professionals, and/or other professional organizations.

9.5 New team members shall participate in formal orientation and training.

10. Forging partnerships among family drug courts, public agencies and community-based organizations generates local support and enhances family drug court program effectiveness.

10.1 Family drug courts shall provide for a planned program of sustainability, which shall include establishment and cultivation of community partnerships, cooperation with other public agencies, and collaboration with other family drug courts.

10.2 Pursuant to O.C.G.A. § 15-1-15, each family drug court shall establish a planning group to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the court, and shall include all policies and practices related to implementing the standards set forth in this document.

10.3 A local steering committee consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies, and the faith community should meet on a quarterly basis to provide policy guidance, fundraising assistance and feedback to the drug court program.

10.4 Family drug courts should consider forming an independent 501(c)3 organization for fundraising and administration of the steering committee.

10.5 Family drug courts should actively engage in forming partnerships and building relationships between the court and various community partners. This may be achieved through facilitation of forums, informational sessions, public outreach, and other ways of marketing.

10.6 Family drug court staff should participate in ongoing cultural competency training.

Section II

Family Drug Court Treatment Standards

1. Screening

1.1 Legal: Family drug court programs should work with interdisciplinary team to ensure systematic, early identification and early engagement of target population.

1.2 Clinical: Family drug courts will enroll participants who meet diagnostic criteria for Substance-Related Disorder and whose needs can be met by the program. A brief screen for mental health problems should occur.

2. Assessment

2.1 Family drug courts will employ a variety of assessment tools that capture child safety, parental capacity and treatment needs. This should also include a short assessment for mental health needs.

2.1.1 Recommended tools: Level of Service Inventory-R (LSI-R);

2.2 Appropriate assessment instruments are actuarial tools that have been validated on a targeted population, are scientifically proven to determine a person's risk to recidivate and to identify criminal risk factors that, when properly addressed, can reduce that person's likelihood of repeating behaviors that lead to child neglect.

2.3 Assessment tools should also be suitable for use as a repeat measure. Programs should re-administer tool as a measure of program effectiveness and parental progress.

3. Level of Treatment

3.1 Family drug courts will offer an appropriate level of treatment for the target population.

3.1.1 Recommended tools: ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (PPC-2R).

3.2 Family drug courts will match participant risk of recidivism and needs with an appropriate level of treatment and supervision. The ideal length of program is 12-18 months.

4. Addiction Treatment Interventions

4.1 Family drug courts will use a manualized curriculum and structured [(e.g. Cognitive Behavior Therapy (CBT))] approach to treating addiction.

4.1.1 Recommended tools: Relapse Prevention Therapy (RPT); Motivational Enhancement Therapy (MET).

4.2 Aftercare services are an important part of relapse prevention. Aftercare is lower in intensity and follows higher-intensity programming.

5. Treatment/Case Management Planning

5.1 Family drug courts will use treatment/case management planning that follows from assessment and systematically addresses core risk factors associated with relapse and recidivism.

5.2 Treatment and case management planning should be an ongoing process and occur in conjunction with one another.

6. Information Management Systems

6.1 Family drug courts will employ an information management system that captures critical court and treatment data and decisions that affect participants. The data management approach will promote the integration of court and treatment strategies, enhance treatment and case management planning and compliance tracking, and produce meaningful program management and outcome data. Measures of treatment services delivered and attended by participants should be captured.

7. Oversight and Evaluation

7.1 Family drug courts are responsible for oversight of all program components. Regular monitoring of judicial status hearings, treatment, and case management services should occur.

7.2 Meetings with and surveys of participants to assess program strengths and areas for improvement increases legitimacy of the process and leads to improved outcomes.

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Preface

As most juvenile justice practitioners know all too well, the populations and caseloads of juvenile court dockets have changed dramatically over the past decade. The nature of both the delinquent acts and dependency matters being handled has become more complex, and include escalating degrees of substance abuse. Practitioners in the juvenile justice system recognize that the situations bringing many juveniles under the court's jurisdiction are frequently linked with substance abuse and complicated, often multigenerational, family and personal problems. These associated problems must be addressed if the pattern of youth crime and family dysfunction is to be reversed. Many justice system practitioners are also recognizing that, insofar as substance abuse problems are at issue, the "juvenile" and "criminal" dockets are increasingly handling the same types of situations, and often the same litigants.

The juvenile court has traditionally been considered an institution specifically established to address the juvenile's needs holistically. However, many juvenile court practitioners have found the traditional approach to be ineffective when applied to the problems of substance-abusing juvenile offenders. During the past several years, a number of jurisdictions have looked to the Drug Court Model to determine how juvenile courts might incorporate a therapeutic approach to deal with the increasing population of substance-abusing juveniles more effectively. Development of juvenile drug courts can be a complex task. Juvenile drug courts require the involvement of many agencies and community representatives. For example, most programs characterize the extent of drug use among the participating juveniles as increasingly more severe. Most programs also report the age at first use among participants to be between 10 and 14 years of age, although earlier use is being detected. During 1995 and 1996, when juvenile drug courts first began, participants reported alcohol and marijuana as their primary drugs of choice. However, more recently there appear to be increasing use of other substances, particularly methamphetamine, crack/cocaine, heroin, toxic inhalants, and prescription drugs.

** Background information obtained from a report prepared by the Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project at the American University, Washington, D.C.*

Purpose

These standards are recommended to provide a general framework of common principles, policies and practices for juvenile drug courts in the State of Georgia. They present a single orientation from which the judicial branch, including judges and all court personnel, can work with prosecutors, the defense bar, corrections officials, local government, law enforcement, department of social services, and public and private treatment providers to address problems of substance abuse which pervade the court system's criminal and abuse and neglect caseload. The steps are stated broadly in order to leave room for each juvenile drug court to meet local needs. This structure of standards and practices will:

- Minimize duplication of efforts and ensure greater coordination among all court supervised juvenile drug court programs throughout the State of Georgia;
- Maximize coordination and sharing of scarce treatment resources;
- Strengthen efforts to obtain federal funding; and
- Facilitate development of coordinated long-range plans for financing drug treatment court operations.

Introduction

To achieve the goal of creating a statewide system of accountability courts in Georgia, accountability court programs shall adhere to the standards and recommendations for operation approved by the Judicial Council. These standards were developed from a review of national research findings and best practices and an analysis of practices and procedures used in Georgia's accountability courts.

Program certification and eligibility for state funding will be based on adherence to these standards, and each program will be subject to a performance peer review no less than once every three years.

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- Meyer, William. *Ten Science-Based Principles of Changing Behavior Through the Use of Reinforcement and Punishment*.
- National Institute of Justice. (2006). *Drug Courts: The Second Decade*. Washington, DC: Office of Justice Programs, United States Department of Justice.
- Background information obtained from a report prepared by the Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project at the American University, Washington, D.C.
- Juvenile Drug Treatment Court Standards, Supreme Court of Virginia (adopted 12-15-05, revised 10-07)
- Other research as cited.

Further Information

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Section I

Juvenile Drug Court Standards

1. Drug courts integrate alcohol and other drug treatment services with juvenile justice case processing.

1.1 Pursuant to O.C.G.A. § 15-1-15, each juvenile drug court shall establish a planning group to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the juvenile drug court, and shall include all policies and practices related to implementing the standards set forth in this document.

1.2 The juvenile drug court team should include, at a minimum, the following representatives: judge, public defender, prosecutor, program coordinator, law enforcement or probation, and treatment provider/substance abuse professional.

1.3 The juvenile drug court team shall collaboratively develop, review, and agree upon all aspects of drug court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, program structure guidelines) prior to commencement of program operations.

1.4 This plan is executed in the form of a Memorandum of Understanding (MOU) between all team members and updated annually as necessary.

1.5 Each of these elements shall be compiled in writing in the form of a Policies and Procedures Manual which is reviewed and updated as necessary no less than every two years.

1.6 The goals of juvenile drug court programs in Georgia shall include compliance with local program requirements, participation in treatment, employment, educational achievement, restitution to the victim or to the community, and declining incidence of alcohol and/or other drug use, with eventual long term recovery.

1.7 All members of the juvenile drug court team are expected to attend and participate in a minimum of two formal staffings per month.

1.8 Members of the juvenile drug court team should attend drug court sessions.

1.9 Standardized evidence-based treatments, as recommended in the Georgia Juvenile Drug Court Treatment Standards¹, shall be adopted by the juvenile drug court to ensure quality and effectiveness of services and to guide practice.

1.10 Juvenile drug courts should provide for a continuum of services through partnership with a primary treatment provider to deliver treatment, coordinate other ancillary services, and make referrals as necessary.

¹ To be developed and submitted for adoption by December 2013

1.11 The juvenile drug court shall maintain ongoing communication with the treatment provider. The treatment provider should regularly and systematically provide the court with written reports on participant progress; a reporting schedule shall be agreed upon by the drug court team and put in writing as part of the court's operating procedures. Reports should be provided on a weekly basis and within 24 hours as significant events occur. Significant events include but are not limited to the following: death, unexplained absence of a participant from a residence or treatment program, incidents of drug/alcohol use, physical, sexual or verbal abuse of a participant by staff or other clients, staff negligence, fire, theft, destruction or other loss of property, complaints from a participant or his/her family, requests for information from the press, attorneys or government officials outside of those connected to the court, and participant behavior requiring attention of staff not usually involved in his/her care.

1.12 Participants should have contact with case management personnel (juvenile drug court staff or treatment representative) at least once per week during the first twelve months of treatment to review status of treatment and progress. Additionally, a Juvenile Drug Court should consider including a school liaison on the team to provide information, help youth enroll in school or alternative programs, help youth take proficiency exams (if applicable), and help youth set goals to increase engagement in school or graduate.

Note: These standards are based on the National Association of Drug Court Professionals' Ten Key Components and the Juvenile Drug Courts 16 Strategies in Practice, developed by the National Council of Juvenile and Family Court Judges in partnership with the National Drug Court Institute.

2. Using a non-adversarial approach, the judge, prosecution, defense counsel and others promote public safety while protecting the rights of participants.

2.1 Prosecution and defense counsel shall both be members of the juvenile drug court team and shall participate in the design, implementation, and enforcement of the program's screening, eligibility and case-processing policies and procedures.

2.2 The prosecutor and defense counsel shall work to create a sense of stability, cooperation, and collaboration in pursuit of the program's goals.

2.3 The prosecution or other designated team member shall review cases and determine whether a juvenile is eligible for the drug court program; file all required legal documents; participate in and enforce a consistent and formal system of sanctions in response to positive drug tests and other participant noncompliance; agree that a positive drug test or open court admission of drug use will not result in the filing of additional drug charges based on that admission; and make decisions regarding the participant's continued enrollment in the program based on progress and response to treatment rather on legal aspects of the case, with the exception of additional criminal behavior.

2.4 The defense counsel shall: review the arrest warrant, affidavits, charging document, and other relevant information, and review all program documents (i.e., waivers, written agreements); advise the juvenile as to the nature and purpose of the juvenile drug court, the rules governing participation, the merits of the program, the consequences of failing to abide by the rules, and how participation or non-participation will affect his/her interests; provide a list of and explains all of the rights that the juvenile will temporarily or permanently relinquish²; advise the participants on alternative options, including all legal and treatment alternatives outside of the drug court program; discusses with the juvenile the long-term benefits of sobriety; explain that the prosecution has agreed that admission to drug use in open court will not lead to additional charges, and therefore encourage truthfulness with the judge and treatment staff; and inform the participant that they will be expected to take an active role in court sessions, including speaking directly to the judge as opposed to doing so through an attorney.

2.5 Pursuant to O.C.G.A. § 15-1-15, juvenile drug courts may accept offenders with non-drug charges.

2.6 For any participant whose charges include a property crime, the court must comply with the requirements and provisions set forth in the Crime Victim's Bill of Rights (O.C.G.A. § 15-17-1, et seq.). **2.7** All participants shall receive a participant handbook upon accepting the terms of participation and entering the program. Receipt of handbook shall be acknowledged through a signed form, developed by the Judicial Council Accountability Court Committee, with an executed copy placed in the court file maintained locally.

2.7 Each juvenile drug court shall develop and use a form, or adopt the model created by the Judicial Council Accountability Court Committee, to document that each participant has received counsel from an attorney prior to admittance to a drug court, including the receipt of the local participant agreement with an executed copy placed in the official court file maintained locally.

² Each right that will be temporarily or permanently relinquished as a condition of participation in drug court shall be distinguished and explained separately to ensure the defendant fully understands the rights being waived.

2.8 Some Juvenile Drug Courts may be involuntary in that the juvenile and his family are ordered to be part of the program. However if the juvenile drug court is involuntary, there should not be any coerced participation in a juvenile drug court, such as by giving eligible offenders the choice between an onerous disposition and participation in the program.

2.9 The decision to participate in a juvenile drug court shall not be influenced by offering a dispositional alternative more grueling or demanding to eligible offenders than that which is offered in cases where drug court participation is not an option.

2.10 The judge, on the record, must apprise a participant of all due process rights, rights being waived, any process for reasserting those rights, and program expectations.

2.11 Terminations from juvenile drug court require notice, a hearing and a fair procedure. Not covered by this requirement is when a participant self-terminates and this situation does not require any type of pre-termination hearing.

2.12 The consequences of termination from a juvenile drug court should be comparable to those sustained in other similar cases before the presiding judge. The sentence shall be reasonable and not excessively punitive solely based on termination from juvenile drug court.

2.13 Termination hearings conducted for juvenile drug court participants shall include all due process rights afforded to any offender serving a probated sentence.

3. Juvenile drug courts emphasize early identification and placement of eligible participants.

3.1 Participant eligibility requirements/criteria (verified through legal and clinical screening) shall be developed and agreed upon by all members of the juvenile drug court team and included in writing as part of the program's policies and procedures.

3.2 Juvenile drug courts may admit eligible participants pre-plea, post-plea, or operate under a hybrid model.

3.3 Screening for program eligibility shall include the review of legal requirements and clinical appropriateness, including the administration of a risk and needs assessment.

3.4 Risk assessment factors that are crucial in determining a participant's suitability for the juvenile drug treatment court, such as family and community ties, mental health status, employment status, educational level and prior criminal history are weighed by the juvenile drug treatment court team on a case-by-case basis.

3.5 Members of the juvenile drug court team and other designated court or criminal justice officials shall screen cases for eligibility and identify potential juvenile drug court participants.

3.6 Participants being considered for a juvenile drug court shall be promptly advised about the program, including the requirements, scope and potential benefits and effects on their case.

3.7 Participants should begin treatment as soon as possible; preferably, no more than 30 days should pass between a participant being determined eligible for the program and commencement of treatment services.

3.8 Assessment for substance abuse and other treatment shall be conducted by appropriately trained and qualified professional staff, using standardized assessment tools.

3.9 Juvenile drug courts shall maintain an appropriate caseload based on their capacity to effectively serve all participants according to these standards.

3.10 No potential participant shall be excluded solely based on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation, or disability.

3.11 Each participant and the participants parent or guardian shall consult with a defense attorney and review all juvenile drug court requests

4. Juvenile drug courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services.

4.1 Juvenile drug court programs should last a minimum of 12 months and should not exceed 24 months, a minimum of 18 months is considered best practice. Exceptions to the 24-month maximum may be made based on participant progress and or additional violations following a 24-month evaluation and assessment, to be followed up every four months thereafter and not to exceed a total program length of 36 months. A formal report of each assessment following 24 months shall be added to a participant's file to justify extension of the program.

4.2 Juvenile drug court programs should be structured into a series of phases. The final phase may be categorized as "aftercare/continuing care."

4.3 Juvenile drug court programs shall offer a comprehensive range of core alcohol and drug treatment services. These services include:

- (1) Group counseling
- (2) Individual counseling
- (3) Drug testing.

4.4 Juvenile drug court programs should ideally offer:

- (1) Family counseling
- (2) Gender specific counseling
- (3) Educational counseling and assistance
- (4) Domestic violence counseling
- (5) Mental health screening
- (6) Assessment and counseling for co-occurring mental health issues
- (7) Risk and needs assessment (e.g. LSI-R, etc.)
- (8) CBT curricula geared towards Relapse Prevention and Criminal Thinking (evidence-based practices)

4.5 Ancillary services are available to meet the needs of participants. These services may include but are not limited to:

- (1) Employment counseling and assistance
- (2) Educational component
- (3) Medical and dental care referrals and assistance
- (4) Transportation
- (5) Housing needs
- (6) Mentoring
- (7) Alumni groups.

4.6 Case management plans shall be individualized for each participant based on the results of the initial assessment; ongoing assessment shall be provided according to a program schedule and treatment plans may be modified or adjusted based on results.

4.7 A review process or set of quality controls shall be in place to ensure accountability of the treatment provider.

5. Abstinence is monitored by frequent alcohol and other drug testing.

5.1 Participants shall be administered a drug test a minimum of twice per week during the first two phases of the program; a standardized system of drug testing shall continue through the entirety of the program.

5.2 Drug testing shall be administered to each participant on a random selection basis.

5.3 All juvenile drug courts shall utilize urinalysis as the primary method of drug testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair, and saliva testing and electronic monitoring.

5.4 All drug testing shall be directly observed by an authorized, same sex member of the drug court team, a licensed/certified medical professional, or other approved official of the same sex.

5.5 Results of all drug tests should be available to the court and action should be taken as soon as possible, ideally within 48 hours of receiving the results.

5.6 In the event a single urine sample tests positive for more than one prohibited substance, the results shall be considered as a single positive drug screen.

5.7 A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.

5.8 Each juvenile drug court shall establish a method for participants to dispute the results of positive drug screens through either gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, or some other equivalent protocol.

5.9 Creatinine violations and scheduled drug screens missed without a valid excuse, as determined by the presiding judge, may be considered as a positive drug screen.

6. A coordinated strategy governs responses from the juvenile drug court to each participant's performance and progress.

6.1 A juvenile drug court shall have a formal system of sanctions and rewards, including a system for reporting noncompliance, established in writing and included in the court's policies and procedures.

6.2 The formal system of sanctions and rewards shall be organized on a gradually escalating scale and applied in a consistent and appropriate manner to match a participant's level of compliance.

6.3 Juvenile drug courts should implement a system for a minimum level of field supervision for each participant based on their respective level of risk. Field supervision may include unannounced visits to home or school and curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.

6.4 Regular and frequent communication between all members of the juvenile drug court team shall provide for immediate and swift responses to all incidents of non-compliance, including positive drug tests.

6.5 Responses to compliance and noncompliance (including criteria for expulsion) are explained orally and provided in writing to juvenile drug treatment court participants during their orientation. Periodic reminders are given throughout the treatment process.

6.6 There shall be no indefinite time periods for sanctions, including those sanctions involving incarceration or detention. Incarceration or detention should only be considered as the last option in the most serious cases of non-compliance.

6.7 Participants shall be subject to progressive positive drug screen sanctions prior to being considered for termination, unless there are other acts of non-compliance affecting this decision.

7. Ongoing judicial interaction with each juvenile drug court participant is essential.

7.1 A single juvenile court judge or associate juvenile court judge must preside over an individual juvenile drug court program and should be committed to serving in this role long-term.

7.2 The judge shall attend and participate in all pre-court staffings.

7.3 A regular schedule of status hearings shall be used to monitor participant progress.

7.4 There shall be a minimum of two status hearings per month in the first phase of juvenile drug court programs and, dependent on participant needs, this minimum schedule may continue through additional phases.

7.5 Frequency of status hearings may vary based on participant needs and benefits, as well as judicial resources. Status hearings should be held no less than once per month during the last phase of the program.

7.6 Status review shall be conducted with each participant on an individual basis; to optimize program effectiveness, group reviews should be avoided unless necessary based on an emergency basis.³

7.7 The judge, to the extent possible, should strive to spend an average of three minutes or greater with each participant during status review.

³ Insufficient time based on program census does not constitute an emergency.

8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

8.1 The goals of the juvenile drug treatment court program are described concretely and in measurable terms. Minimum goals are:

- (1) Reducing drug addiction and drug dependency;
- (2) Reducing crime;
- (3) Reducing recidivism;
- (4) Reducing drug-related court workloads;
- (5) Increasing personal, familial, and societal accountability among participants;
- (6) Promoting effective planning and use of resources among the criminal justice and social services systems and community agencies; and
- (7) Encouraging education by reducing truancy, reducing dropout rates, and increasing the number of juveniles receiving diplomas, GED's and completing vocational programs.

8.2 Participant progress, success and satisfaction should be monitored on a regular basis (including at program entry and graduation) through the use of surveys.

8.3 Participant data should be monitored and analyzed on a regular basis (as set forth in a formal schedule) to determine the effectiveness of the program.

8.4 A process and outcomes evaluation should be conducted by an independent evaluator within three years of implementation of a juvenile drug court program, and in regular intervals as necessary, appropriate, and/or feasible for the program thereafter.

8.5 Feedback from participant surveys, review of participant data, and findings from evaluations should be used to make any necessary modifications to program operations, procedures and practices.

8.6 Data needed for program monitoring and management are easily obtainable and are maintained in useful formats for regular review by program management.

8.7 Juvenile drug courts should use the preferred case management program, or compatible equivalent, as designated by the Judicial Council Accountability Court Committee, in the interest of the formal and systematic collection of program performance data.

8.8 Juvenile drug courts shall collect, at a minimum, a mandatory set of performance measures determined by the Judicial Council Accountability Court Committee which shall be provided in a timely requisite format to the Administrative Office of the Courts as required by the Judicial Council Accountability Court Committee, including a comprehensive end-of-year report. The minimum performance measures to be collected shall include: recidivism (rearrests and reconvictions), number of moderate and high risk participants, drug testing results, drug testing failures, number of days of continuous sobriety, units of service (number of court sessions, number of days participant receives inpatient treatment), employment, successful participant completion of the program (graduations), and unsuccessful participant completion of the program (terminations, voluntary withdrawal, death/other).

9. Continuing interdisciplinary education promotes effective juvenile drug court planning, implementation and operations.

9.1 Juvenile drug court programs shall have a formal policy on staff training requirements and continuing education.

9.2 All members of a juvenile drug court team shall receive training through the National Drug Court Institute if offered for juvenile drug courts and funding is available.

9.3 Completion of the National Drug Court Planning Initiative, if offered for juvenile drug courts, shall be required prior to implementation in order to attain certification.

9.4 Existing programs should participate in Juvenile Drug Court Operational Tune-Up as needed.

9.5 Court teams, to the extent possible, should attend comprehensive training on an annual basis, as provided by the Judicial Council Accountability Court Committee, the National Association of Drug Court Professionals, and the National Council of Juvenile and Family Court Judges. Comprehensive training may also include a technical assistance component (facilitated site-visits, implementation and educational goal development for program enhancement and strategic planning meetings).

9.6 Juvenile drug court judges and staff should participate in ongoing continuing education as it is available through professional organizations (ICJE, NADCP, GCSA, etc.).

9.7 New team members shall attend formal orientation and training administered by the Judicial Council Accountability Court Committee or the National Association of Drug Court Professionals. If possible, a codified transition policy should be in place for new team members.

9.8 Juvenile drug court staff should participate in ongoing cultural competency training on an annual basis.

10. Forging partnerships among drug courts, public agencies and community-based organizations generates local support and enhances drug court program effectiveness.

10.1 Pursuant to O.C.G.A. § 15-1-15, each juvenile drug court shall establish a planning group to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the court, and shall include all policies and practices related to implementing the standards set forth in this document.

10.2 A local steering committee consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies, and the faith community should meet at a minimum three times per year to provide policy guidance, fundraising assistance and feedback to the drug court program.

10.3 Juvenile drug courts should consider forming an independent 501(c)3 organization for fundraising and administration of the steering committee.

10.4 Juvenile drug courts should actively engage in forming partnerships and building relationships between the court and various community partners. This may be achieved through facilitation of forums, informational sessions, public outreach, and other ways of marketing. It is recommended that the team meet every 6 months to do community mapping to help forge partnerships in the community.

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Mental Health Court Standards for Accountability Courts

Judicial Council of Georgia
Administrative Office of the Courts



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7. Confidentiality: Health and legal information should be shared in a way that protects potential participants' confidentiality rights as mental health consumers and their constitutional rights as defendants. Information gathered as part of the participants' court-ordered treatment program or services should be safeguarded in the event that participants are returned to traditional court processing.	9
8. Court Team: A team of criminal justice and mental health staff and service and treatment providers receives special, ongoing training and helps mental health court participants achieve treatment and criminal justice goals by regularly reviewing and revising the court process.	10
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graduated incentives and sanctions, and modify treatment as necessary to promote public safety and participants' recovery. 11

10. Sustainability: Data are collected and analyzed to demonstrate the impact of the mental health court, its performance is assessed periodically (and procedures are modified accordingly), court processes are institutionalized, and support for the court in the community is cultivated and expanded. 13

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Purpose

To establish standards and practices for Georgia accountability courts.

Introduction

To achieve the goal of creating a statewide system of accountability courts in Georgia, accountability court programs shall adhere to the standards and recommendations for operation approved by the Judicial Council. These standards were developed from a review of national research findings and best practices and an analysis of practices and procedures used in Georgia's accountability courts.

Program certification and eligibility for state funding will be based on adherence to these standards, and each program will be subject to a performance peer review no less than once every three years.

Acknowledgements

The standards for Georgia accountability courts were developed in part from the following research and publications.

- *Defining Drug Courts: The Key Components*. January 1997. National Association of Drug Court Professionals
- *Improving Responses to People with Mental Illnesses. The Essential Elements of a Mental Health Court*. 2008. Council of State Governments Justice Center Criminal Justice/Mental Health Consensus Project.
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Further Information

The Administrative Office of the Courts, staff for the Judicial Council of Georgia, is responsible for providing training, technical assistance, and support on these standards, so if your local court, agency and/or organization have questions related to the information presented in this document, please contact a member of the Accountability Courts Program Staff.

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Section I

Mental Health Court Standards

1. Planning and Administration: A broad-based group of stakeholders representing the criminal justice, mental health, substance abuse treatment, and related systems and the community guides the planning and administration of the court.

1.1 Mental health courts are situated at the intersection of the criminal justice, mental health, substance abuse treatment, and other social service systems. Their planning and administration should reflect extensive collaboration among practitioners and policymakers from those systems, as well as community members. To that end, a multidisciplinary "planning committee" should be charged with designing the mental health court. Along with determining eligibility criteria, monitoring mechanisms, and other court processes, this committee should articulate clear, specific, and realizable goals that reflect agreement on the court's purposes and provide a foundation for measuring the court's impact (see Standard 10: Sustainability).

1.2 The planning committee should identify agency leaders and policymakers to serve on an "advisory group" (in some jurisdictions members of the advisory group will also make up the planning committee), responsible for monitoring the court's adherence to its mission and its coordination with relevant activities across the criminal justice and mental health systems. The advisory group should suggest revisions to court policies and procedures when appropriate and should be the public face of the mental health court in advocating for its support. The planning committee should address ongoing issues of policy implementation and practice that the court's operation raises. Committee members should also keep high-level policymakers, including those on the advisory group, informed of the court's successes and failures in promoting positive change and long-term sustainability (see 10: Sustainability). Additionally, by facilitating ongoing training and education opportunities, the planning committee should complement and support the small team of professionals who administer the court on a daily basis, the "court team" (see Standard 8: Court Team). The planning committee should meet at least semi-annually.

1.3 In many jurisdictions, the judiciary will ultimately drive the design and administration of the mental health court. Accordingly, it should be well represented on and take a visible role in leading both the planning committee and advisory group.

1.4 Pursuant to O.C.G.A. §15-1-16, each mental health court division shall establish a planning group to develop a written work plan. The planning group shall include judges, prosecuting attorneys, sheriffs or their designees, public defenders, probation officers, and persons having expertise in the field of mental health. The work plan shall address the operational, coordination, resource, information management, and evaluation needs of the mental health court division. The work plan shall include written eligibility criteria for the mental health court division. The mental health court division shall combine judicial supervision, treatment of mental health court division participants, and drug and mental health testing.

2. Target Population: Eligibility criteria address public safety and consider a community's treatment capacity, in addition to the availability of alternatives to pretrial detention for defendants with mental illnesses. Eligibility criteria also take into account the relationship between mental illness and a defendant's offenses, while allowing the individual circumstances of each case to be considered.

2.1 Because mental health courts are, by definition, specialized interventions that can serve only a portion of defendants with mental illness, careful attention should be paid to determining their target populations.

2.2 Mental health courts should be conceptualized as part of a comprehensive strategy to provide law enforcement, court, and corrections systems with options, other than arrest and detention, for responding to people with mental illnesses. Such options include specialized police-based responses and pretrial services programs. For those individuals who are not diverted from arrest or pretrial detention, mental health courts can provide appropriately identified defendants with court-ordered, community-based supervision and services. Mental health courts should be closely coordinated with other specialty or problem-solving court-based interventions, including drug courts and community courts, as target populations are likely to overlap.

2.3 Clinical eligibility criteria should be well defined and should be developed with an understanding of treatment capacity in the community. Mental health court personnel should explore ways to improve the accessibility of community-based care when treatment capacity is limited and should explore ways to improve quality of care when services appear ineffective (see Standard 6: Treatment Supports and Services).

2.4 Mental health courts should also focus on defendants whose mental illness is related to their current offenses. To that end, the planning committee should develop a process or a mechanism, informed by mental health professionals, to enable staff charged with identifying mental health court participants to make this determination.

2.5 Pursuant to O.C.G.A. §15-1-16, defendants charged with murder, armed robbery, rape, aggravated sodomy, aggravated sexual battery, aggravated child molestation or child molestation shall not be eligible for entry into the mental health court division, except in the case of a separate court supervised reentry program designed to more closely monitor mentally ill offenders returning to the community after having served a term of incarceration. Any such court supervised community reentry program for mentally ill offenders shall be subject to the work plan as provided for in this document.

3. Timely Participant Identification and Linkage to Services: Participants are identified, referred, and accepted into mental health courts, and then linked to community-based service providers as quickly as possible.

3.1 Providing safe and effective treatment and supervision to eligible defendants in the community, as opposed to in jail or prison, is one of the principal purposes of mental health courts. Prompt identification of participants accelerates their return to the community and decreases the burden on the criminal justice system for incarceration and treatment.

3.2 Mental health courts should identify potential participants early in the criminal justice process by welcoming referrals from an array of sources such as law enforcement officers, jail and pretrial services staff, defense counsel, judges, and family members. To ensure accurate referrals, mental health courts must advertise eligibility criteria and actively educate these potential sources. In addition to creating a broad network for identifying possible participants, mental health courts should select one or two agencies to be primary referral sources that are especially well versed in the procedures and criteria.

3.3 The coordinator, prosecutor, defense counsel, and a mental health professional should quickly review referrals for eligibility. When competency determination is necessary, it should be expedited, especially for defendants charged with misdemeanors. The time required to accept someone into the program should not exceed the length of the sentence that the defendant would have received had he or she pursued the traditional court process. Final determination of eligibility should be a team decision (see Standard 8: Court Team).

3.4 The time needed to identify appropriate services, the availability of which may be beyond the court's control, may constrain efforts to identify participants rapidly (see Standard 6: Treatment Supports and Services). This is likely to be an issue especially in felony cases, when the court may seek services of a particular intensity to maximize public safety. Accordingly, along with connecting mental health court participants to existing treatment, officials in criminal justice, mental health, and substance abuse treatment should work together to improve the quality and expand the quantity of available services.

4. Terms of Participation: Terms of participation are clear, promote public safety, facilitate the defendant's engagement in treatment, are individualized to correspond to the level of risk that the defendant presents to the community, and provide for positive legal outcomes for those individuals who successfully complete the program.

4.1 Mental health courts need a written handbook for plea agreements, program duration, supervision conditions, and the impact of program completion. Within these parameters, the terms of participation should be individualized to each defendant and should be put in writing prior to his or her decision to enter the program. The terms of participation will likely require adherence to a treatment plan that will be developed after engagement with the mental health court program, and defendants should be made aware of the consequences of noncompliance with this plan.

4.2 Whenever plea agreements are offered to people invited to participate in a mental health court, the potential effects of a criminal conviction should be explained. Collateral consequences of a criminal conviction may include limited housing options, opportunities for employment, and accessibility to some treatment programs. It is especially important that the defendant be made aware of these consequences when the only charge he/she is facing is a misdemeanor, ordinance offense, or other nonviolent crime.

4.3 The length of mental health court participation should not extend beyond the maximum period of incarceration or probation a defendant could have received if found guilty in a more traditional court process. In addition, program duration should vary depending on a defendant's program progress. Program completion should be tied to adherence to the participant's court-ordered conditions and the strength of his/ her connection to community treatment. The minimum length for a misdemeanor program should be twelve (12) months and eighteen (18) months for a felony program.

4.4 Least restrictive supervision conditions should be considered for all participants, especially those charged with misdemeanors. Highly restrictive conditions increase the likelihood that minor violations will occur, which can intensify the involvement of participants in the criminal justice system. When a mental health court participant completes the terms of his/her participation in the program, there should be some positive legal outcome. When the court operates on a pre-plea model, a significant reduction or dismissal of charges can be considered. When the court operates in a post plea model, a number of outcomes are possible such as early terminations of supervision, vacated pleas, and lifted fines and fees. Mental health court participants, when in compliance with the terms of their participation, should have the option to withdraw from the program at any point without having their prior participation and subsequent withdrawal from the mental health court reflect negatively on their criminal case.

4.5 Pursuant to O.C.G.A. §15-1-16, any plea of guilty or nolo contendere entered pursuant to participation in a mental health court shall not be withdrawn without the consent of the court. In addition, the clerk of the court instituting the mental health court division or such clerk's designee shall serve as the clerk of the mental health court division.

5. Informed Choice: Defendants fully understand the program requirements before agreeing to participate in a mental health court. They are provided legal counsel to inform this decision and subsequent decisions about program involvement. Procedures exist in the mental health court to address, in a timely fashion, concerns about a defendant's competency whenever they arise.

5.1 Defendants' participation in mental health courts is voluntary. But ensuring that participants' choices are informed, both before and during the program, requires more than simply offering the mental health court as an option to certain defendants. All participants shall receive a participant handbook upon accepting the terms of participation and entering the program. Receipt of handbook shall be acknowledged through a signed form, with an executed copy placed in the court file maintained locally.

5.2 Mental health court administrators should be confident that prospective participants are competent to participate. Typically, competency determination procedures can be lengthy, which raises challenges for timely participant identification. This is especially important for courts that focus on defendants charged with misdemeanors (see Standard 3: Timely Participant Identification and Linkage to Services). For these reasons, as part of the planning process, courts should develop guidelines for the identification and expeditious resolution of competency concerns.

5.3 Even when competency is not an issue, mental health court staff must ensure that defendants fully understand the terms of participation, including the legal repercussions of not adhering to program conditions. The specific terms that apply to each defendant should be spelled out in writing, such as an enrollment contract or bond order. Defendants should have the opportunity to review these terms, with the advice of counsel, before opting into the court.

5.4 Defense attorneys play an integral role in helping to ensure that defendants' choices are informed throughout their involvement in the mental health court. Courts should make defense counsel available to advise defendants about their decision to enter the court and have counsel be present at status hearings for felony defendants. In misdemeanor mental health courts, at a minimum, defense council should be available at the time of enrollment and preferably at any status hearings. It is particularly important to ensure the presence of counsel when there is a risk of sanctions or dismissal from the mental health court. Defense counsel participating in mental health courts-like all other criminal justice staff assigned to the court-should receive special training in mental health issues (see Standard 8: Court Team).

6. Treatment Supports and Services: Mental health courts connect participants to comprehensive and individualized treatment supports and services in the community. They strive to use and increase the availability of treatment and services that are evidence-based.

6.1 Mental health court participants require an array of services and supports, which can include medications, counseling, substance abuse treatment, benefits, housing, crisis interventions services, peer supports, and case management. Mental health courts should anticipate the treatment needs of their target population and work with providers to ensure that services will be made available to court participants.

6.2 When a participant is identified and linked to a service provider, the mental health court team should design a treatment plan that takes into account the results of a complete mental health and substance abuse assessment, individual consumer needs, and public safety concerns. Participants should also have input into their treatment plans. The mental health treatment provider(s) will offer at a minimum the core services outlined in the mental health court treatment standards approved by the Judicial Council of Georgia

6.3 A large proportion of mental health court participants have co-occurring substance abuse disorders. The most effective programs provide coordinated treatment for both mental illnesses and substance abuse problems. Thus, mental health courts should connect participants with co-occurring disorders to integrated treatment whenever possible and advocate for the expanded availability of integrated treatment and other evidence-based practices. Drug testing according to Standard 5 of the Adult Drug Court Standards should be implemented for participants with co-occurring substance abuse disorders. Mental health court teams should also pay special attention to the needs of women and ethnic minorities and make gender-sensitive and culturally competent services available.

6.4 Treatment providers should remain in regular communication with court staff concerning the appropriateness of the treatment plan and should suggest adjustments to the plan when appropriate. At the same time, court staff should check with community-based treatment providers periodically to determine the extent to which they are encountering challenges stemming from the court's supervision of the participant.

6.5 Case management is essential to connect participants to services and monitor their compliance with court conditions. Case managers-whether they are employees of the court, treatment providers, or community corrections officers-should have caseloads that are sufficiently manageable to perform core functions and monitor the overall conditions of participation. They should serve as the conduits of information for the court about the status of treatment and support services.

6.6 Case managers also help participants prepare for their transition out of the court program by ensuring that needed treatment and services will remain available and accessible after their court supervision concludes. The mental health court may also provide post-program assistance, such as graduate support groups, to prevent participants' relapses.

7. Confidentiality: Health and legal information should be shared in a way that protects potential participants' confidentiality rights as mental health consumers and their constitutional rights as defendants. Information gathered as part of the participants' court-ordered treatment program or services should be safeguarded in the event that participants are returned to traditional court processing.

7.1 To identify and supervise participants, mental health courts require information about their mental illnesses and treatment plans. When sharing this information, treatment providers and representatives of the mental health court should consider the wishes of defendants. They must also adhere to federal and state laws that protect the confidentiality of medical, mental health, and substance abuse treatment records.

7.2 A well-designed procedure governing the release and exchange of information is essential to facilitating appropriate communication among members of the mental health court team and to protect confidentiality. Release forms should be part of this procedure. They should be developed in consultation with legal counsel, adhere to federal and state laws, and specify what information will be released and to whom. Potential participants should be allowed to review the form with the advice of defense counsel and treatment providers. Defendants should not be asked to sign release of information forms until competency issues have been resolved (see Standard 5: Informed Choice).

7.3 When a defendant is being considered for the mental health court, there should not be any public discussions about that person's mental illness, which can stigmatize the defendant. Even information concerning a defendant's referral to a mental health court should be closely guarded—particularly because many of these individuals may later choose not to participate in the mental health court. To minimize the likelihood that information about defendants' mental illnesses or their referral to the mental health court will negatively affect their criminal cases, courts whenever possible should maintain clinical documents separately from the criminal files and take other precautions to prevent medical information from becoming part of the public record.

7.4 Once a defendant is under the mental health court's supervision, steps should be taken to maintain the privacy of treatment information throughout his or her tenure in the program. Clinical information provided to mental health court staff members should be limited to whatever they need to make decisions. Furthermore, such exchanges should be conducted in closed staff meetings; discussion of clinical information in open court should be avoided. A set of quality controls/review process shall be in place to ensure accountability of the treatment provider, including direct observation of treatment by the coordinator.

8. Court Team: A team of criminal justice and mental health staff and service and treatment providers receives special, ongoing training and helps mental health court participants achieve treatment and criminal justice goals by regularly reviewing and revising the court process.

8.1 The mental health court team works collaboratively to help participants achieve treatment goals by bringing together staff from the agencies with a direct role in the participants' entrance into, and progress through, the court program. The court team functions include conducting screenings, assessments, and enrollments of referred defendants; defining terms of participation; partnering with community providers; monitoring participant adherence to terms; preparing for all court appearances; and developing transition plans following court supervision. Team members should work together on each participant's case and contribute to the court's administration to ensure its smooth functioning.

8.2 The composition of this court team differs across jurisdictions. These variations notwithstanding, it typically should comprise the following: a judicial officer; a coordinator; a treatment provider or case manager; a prosecutor; a defense attorney; and, in some cases, a court supervision agent such as a probation officer. The judge's role is central to the success of the mental health court team and the mental health court generally. He/she oversees the work of the mental health court team and encourages collaboration among its members, who must work together to inform the judge about whether participants are adhering to their terms of participation.

8.3 Mental health court planners should carefully select team members who are willing to adapt to a nontraditional setting and rethink core aspects of their professional training. Planners should seek criminal justice personnel with expertise or interest in mental health issues and mental health staff with criminal justice experience. Planners should also ensure mental health court staff is comfortable with its goals and procedures.

8.4 Team members should take part in cross-training before the court is launched and during its operation. Mental health professionals must familiarize themselves with legal terminology and the workings of the criminal justice system, just as criminal justice personnel must learn about treatment practices and protocols. Team members should also be offered the opportunity to attend regional or national training sessions and view the operations of other mental health courts. New team members should go through a period of training and orientation before engaging fully with the court.

8.5 Periodic review and revision of court processes must be a core responsibility of the court team. Using data, participant feedback, observations of team members, and direction from the advisory group and planning committee (see Standard 1: Planning and Administration), the court team should routinely make improvements to the court's operation

9. Monitoring Adherence to Court Requirements: Criminal justice and mental health staff collaboratively monitor participants' adherence to court conditions, offer individualized graduated incentives and sanctions, and modify treatment as necessary to promote public safety and participants' recovery.

9.1 Whether a mental health court assigns responsibility for monitoring compliance with court conditions to a criminal justice agency, a mental health agency, or a combination of these organizations, collaboration and communication are essential. The court must have up-to-date information on whether participants are taking medications, attending treatment sessions, abstaining from drugs and alcohol, and adhering to other supervision conditions. This information will come from a variety of sources and must be integrated routinely into one coherent presentation or report to keep all court staff informed of participants' progress. Case staffing meetings provide such an opportunity to share information and determine responses to individuals' positive and negative behaviors. These meetings should occur regularly and involve key members of a team, including, representatives from the prosecution, defense, treatment providers, court supervision agency, and the judiciary.

Courts should implement a system for a minimum level of field supervision for each participant based on their respective level of risk. Field supervision may include unannounced visits to home or workplace and curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.

9.2 Status hearings allow mental health courts publicly to reward adherence to conditions of participation, to sanction non adherence, and to ensure ongoing interaction between the participant and the court team members. These hearings should be frequent, at the outset of the program and should decrease as participants progress positively. The mental health court should meet at least once per month for misdemeanor programs and twice per month for felony programs. Mental health programs should be structured into a series of phases. The final phase may be categorized as "aftercare/continuing care."

9.3 All responses to participants' behavior, whether positive or negative, should be individualized. Incentives, sanctions, and treatment modifications have clinical implications. They should be imposed with great care and with input from mental health professionals.

9.4 Relapse is a common aspect of recovery; non adherence to conditions of participation in the court is common. But non adherence should never be ignored. The first response should be to review treatment plans, including medications, living situations, and other service needs. For minor violations the most appropriate response may be a modification of the treatment plan.

9.5 In some cases, sanctions are necessary. The manner in which a mental health court applies sanctions should be explained to participants prior to their admittance to the program. As a participant's commission of violations increases in frequency or severity, the court should use graduated sanctions that are individualized to maximize adherence to his or her conditions of release. Specific protocols should govern the use of jail as a consequence for serious noncompliance. There shall be no indefinite time periods for sanctions, including those sanctions involving incarceration or detention.

9.6 Mental health courts should use incentives to recognize good behavior and to encourage recovery through further behavior modification. Individual praise and rewards, such as coupons, certificates for completing phases of the program, and decreased frequency of court appearances, are helpful and important incentives. Systematic incentives that track the

participants' progress through distinct phases of the court program are also critical. As participants complete these phases, they receive public recognition.

9.7 Courts should have at their disposal a menu of incentives that is at least as broad as the range of available sanctions; incentives for sustained adherence to court conditions, or for situations in which the participant exceeds the expectation of the court team, are particularly important.

10. Sustainability: Data are collected and analyzed to demonstrate the impact of the mental health court, its performance is assessed periodically (and procedures are modified accordingly), court processes are institutionalized, and support for the court in the community is cultivated and expanded.

10.1 Mental health courts must take steps early in the planning process and throughout their existence to ensure long-term sustainability. To this end, performance measures and outcome data will be essential. Data describing the court's impact on individuals and systems should be collected and analyzed. Such data should include the court's outputs, such as number of defendants screened and accepted into the mental health court, as well as its outcomes, such as the number of participants who are rearrested and re-incarcerated. Setting output and outcome measures are a key function of the court's planning and ongoing administration (see Standard 1: Planning and Administration). Quantitative data should be complemented with qualitative evaluations of the program from staff and participants.

10.2 Formalizing court policies and procedures is also an important component of maintaining mental health court operations. Compiling information about a court's history, goals, eligibility criteria, information-sharing protocols, referral and screening procedures, treatment resources, sanctions and incentives, and other program components helps ensure consistency and lessens the impact when key team members depart. Developing additional plans for staff turnover helps safeguard the integrity of the court's operation.

10.3 Because sustaining a mental health court without funding is difficult, court planners should identify and cultivate long-term funding sources early on. Court staff should base requests for long-term funding on clear articulations of what the court plans to accomplish. Along with compiling empirical evidence of program successes, mental health court teams should invite key county officials, state legislators, foundation program officers, and other policymakers to witness the court in action.

10.4 Outreach to the community, the media, and key criminal justice and mental health officials also promote sustainability. To that end, mental health court teams should make community members aware of the existence and impact of the mental health court and the progress it has made. More important, administrators should be prepared to respond to notable program failures, such as when a participant commits a serious crime. Ongoing guidance from, and reporting to, key criminal justice and mental health leaders also helps to maintain interest in, and support for, the mental health court.

10.5 Courts shall collect, at a minimum, a mandatory set of performance measures determined by the Judicial Council Accountability Court Committee which shall be provided in a timely requisite format to the Administrative Office of the Courts as required by the Judicial Council Accountability Court Committee, including a comprehensive end-of-year report. The minimum performance measures to be collected shall include: recidivism (rearrests and reconvictions), number of moderate and high risk participants, drug testing results, drug testing failures, number of days of continuous sobriety, units of service (number of court sessions, number of days participant receives inpatient treatment), employment, successful participant completion of the program (graduations), unsuccessful participant completion of the program (terminations, voluntary withdrawal, death/other), inpatient hospitalizations, crisis intervention episodes, ER visits, new arrests, new convictions, new violations of probation/parole, new jail admissions, and new prison admissions.

Section II

Mental Health Court Treatment Standards

1. Screening

1.1 Legal: Mental Health court programs should work with interdisciplinary team that consists of a Judge, Prosecutor, Defense Attorney, Mental Health Provider, Law Enforcement, Probation, and Coordinator to ensure systematic, early identification and early engagement of target population.

1.1.1 Recommendation: Brief Jail Mental Health Screen at Jail and/or 1st Appearance

1.2 Clinical: Mental Health courts will enroll participants who meet diagnostic criteria for severe and Persistent Mental Illness and/or Dual Diagnosis and whose needs can be met by the program.

1.3 Recommended tools: Texas Christian University, Substance Abuse II (TCUDS); addiction Severity Index (ASI)-Drug Use Subscale (ASI-Drug); Substance Abuse Subtle Screening Inventory-2 (SASSI-2); Brief Jail Mental Health Screen, National GAINS Center.

2. Assessment

2.1 Mental Health courts will employ an assessment tool that captures offenders' risk of recidivism and treatment needs.

2.1.1 Recommended tools: Level of Service Inventory-R (LSI-R) starting January 2013 and/or Short-Term Assessment of Risk and Treatability (START) for utilization with Mental Health Court participants of all levels of impairment.

2.2 Appropriate assessment instruments are actuarial tools that have been validated on a targeted population, are scientifically proven to determine a person's risk to recidivate and to identify criminal risk factors that, when properly addressed, can reduce that person's likelihood of committing future criminal behavior.

2.3 Assessment tool should also be suitable for use as a repeat measure. Programs should re-administer tool as a measure of program effectiveness and offender progress.

3. Level of Treatment

3.1 Mental Health courts will offer an appropriate level of evidence based treatment for the target population.

3.1.1 Recommended tools: ASAM Patient Placement Criteria for the Treatment of Dual Diagnosis participants (PPC-2R).

3.1.2 Recommended clinical assessment: (START) to determine level of need for participants with primary mental health issues.

3.2 Mental Health courts will match participant risk of recidivism and needs with an appropriate level of treatment and supervision. Program length should be a minimum of 12 months for misdemeanor programs and 18 months for felony programs.(See Attachment for example of Treatment Court length/phases).

4. Treatment/Case Management Planning

4.1 Mental Health courts will use treatment/case management planning that follows from assessment and systematically addresses core risk factors associated with treatment and recidivism.

4.2 Mental Health court case managers will link participants with the appropriate level of treatment in the community.

4.2.1 This treatment can include linkage to private psychiatrist and therapist if private insurance is available.

4.2.2 This treatment can also include linkage to the local community service board for indigent or state served clients.

4.3 Treatment and case management planning should be an ongoing process and occur in conjunction with one another.

4.4 Mental Health court programs will offer and/or collaborate with community partners to offer a comprehensive range of Mental Health and Dual Diagnosis treatment services. These services include:

- (1) Group counseling
- (2) Individual counseling
- (3) Drug testing
- (4) Psychosocial Rehabilitation
- (5) Family Support
- (6) Medication Management

4.5 Mental Health court programs should ideally offer:

- (1) Family counseling
- (2) Gender specific counseling
- (3) Domestic violence counseling
- (4) Health screening
- (5) Assessment and counseling for co-occurring substance use issues.

4.6 Ancillary services are available to meet the needs of participants. These services may include but are not limited to:

- (1) Employment counseling and assistance
- (2) Educational component
- (3) Medical and dental care
- (4) Transportation
- (5) Housing
- (6) Mentoring and alumni groups
- (7) Assistance with government funded/community based assistance programs

4.7 Aftercare services are an important part of program services to ensure transition to less supervised services. Aftercare is lower in intensity and follows higher-intensity programming.

5. Mental Health Treatment Interventions

5.1 Mental Health courts will use a manualized curriculum and structured [(e.g. Cognitive Behavior Therapy (CBT)] approach when applicable to participant for treating mental health symptoms.

5.1.1 Recommended tool: Wellness Recovery Action Plan (WRAP)

5.2 Mental Health Courts will use a manualized curriculum and structured approach to address trauma/abuse symptoms and will be done in gender-specific groups and/or individual treatment.

5.2.1 Recommended tools: Seeking Safety; Trauma Focused Cognitive Behavioral Therapy

6. Dual Diagnosis Treatment Interventions

6.1 Mental Health courts will use a manualized curriculum and structured [(e.g. Cognitive Behavior Therapy (CBT)] approach to treating dual diagnosis.

6.1.1 Recommended tools: Relapse Prevention Therapy (RPT); Motivational Enhancement Therapy (MET); Hazelden Co-Occurring Disorders Program; TCU Mapping-Enhanced Counseling; Integrated Dual Disorders Treatment.

6.2 Abstinence is monitored by frequent alcohol and other drug testing. This is the cornerstone of dual diagnosis treatment.

6.2.1 Participants shall be administered a drug test a minimum of twice per week during the first two phases of the program; a standardized system of drug testing shall continue through the entirety of the program.

6.2.2 Drug testing shall be administered to each participant on a randomized basis, using a formal system of randomization. We recognize this can pose a problem in more rural counties.

6.2.3 All Mental Health courts shall utilize urinalysis as the primary method of drug testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair, and saliva testing and electronic monitoring.

6.2.4 All drug testing shall be directly observed by an authorized, same sex member of the Mental Health court team, a licensed/certified medical professional, or other approved official of the same sex.

6.2.5 Drug screens should be analyzed as soon as practicable. Results of all drug tests should be available to the court and action should be taken as soon as practicable, ideally within 48 hours of receiving the results.

6.2.6 In the event a single urine sample tests positive for more than one prohibited substance, the results shall be considered as a single positive drug screen.

6.2.7 A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.

6.2.8 Each Mental Health court shall establish a method for participants to dispute the results of positive drug screens through either gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, or some other equivalent protocol.

6.2.9 Creatinine violations and drug screens scheduled and missed without a valid excuse as determined by the presiding judge shall be considered as a positive drug screen.

7. Recidivism/Criminality Treatment Interventions

7.1 Mental Health courts will incorporate programming that addresses criminogenic risk factors for those offender characteristics that are related to risk of recidivism.

7.1.1 Recommended tools: Moral Reconnection Therapy (MRT); Thinking for a Change (TFAC). These tools are appropriate for participants who are assessed as “stable” and of moderate-risk (or higher) for recidivism.

7.2 Criminal risk factors are those characteristics and behaviors that affect a person's risk for committing future crimes and include, but are not limited to, antisocial behavior, antisocial personality, criminal thinking, criminal associates, substance abuse, difficulties with impulsivity and problem-solving, underemployment, or unemployment.

8. Information Management Systems

8.1 Mental Health courts will employ an information management system that captures critical court and treatment data and decisions that affect participants. The data management approach will promote the integration of court and treatment strategies, enhance treatment and case management planning and compliance tracking, and produce meaningful program management and outcome data. Measures of treatment services delivered and attended by participants should be captured.

9. Oversight and Evaluation

9.1 Mental Health courts are responsible for oversight of all program components. Regular monitoring of judicial status hearings, treatment, and case management services should occur.

9.2 Meetings with and surveys of participants to assess program strengths and areas for improvement increases legitimacy of the process and leads to improved outcomes.

JUDICIAL

Adult Drug Court Standards for Accountability Courts

Judicial Council of Georgia
Administrative Office of the Courts



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Purpose

To establish standards and practices for Georgia accountability courts.

Introduction

To achieve the goal of creating a statewide system of accountability courts in Georgia, accountability court programs shall adhere to the standards and recommendations for operation approved by the Judicial Council. These standards were developed from a review of national research findings and best practices and an analysis of practices and procedures used in Georgia's accountability courts.

Program certification and eligibility for state funding will be based on adherence to these standards, and each program will be subject to a performance peer review no less than once every three years.

Acknowledgements

The standards for Georgia accountability courts were developed in part from the following research and publications.

- *Defining Drug Courts: The Key Components*. January 1997. National Association of Drug Court Professionals
- *Improving Responses to People with Mental Illnesses. The Essential Elements of a Mental Health Court*. 2008. Council of State Governments Justice Center Criminal Justice/Mental Health Consensus Project.
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Further Information

The Administrative Office of the Courts, staff for the Judicial Council of Georgia, is responsible for providing training, technical assistance, and support on these standards, so if your local court, agency and/or organization have questions related to the information presented in this document, please contact a member of the Accountability Courts Program Staff.

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Section I Adult Drug Court Standards

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.

1.1 Pursuant to O.C.G.A. § 15-1-15, each drug court shall establish **an accountability court team** to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the court, and shall include all policies and practices related to implementing the standards set forth in this document.

1.2 The drug court team should include, at a minimum, the following representatives: judge, public defender, prosecutor, program coordinator, law enforcement, and treatment provider/substance abuse professional.

1.3 The drug court team shall collaboratively develop, review, and agree upon all aspects of drug court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, program structure guidelines) prior to commencement of program operations.

1.4 This plan is executed in the form of a Memorandum of Understanding (MOU) between all parties and updated annually as necessary.

1.5 Each of these elements shall be compiled in writing in the form of a Policies and Procedures Manual which is reviewed and updated as necessary no less than every two years.

1.6 The goals of adult drug court programs in Georgia shall be abstinence from alcohol and other illicit drugs and promotion of law-abiding behavior in the interest of public safety.

1.7 All members of the drug court team are expected to attend and participate in a minimum of two formal staffings per month.

1.8 Members of the drug court team should attend drug court sessions.

1.9 Standardized evidence-based treatments, as recommended in the Georgia Adult Drug Court Treatment Standards, shall be adopted by the drug court to ensure quality and effectiveness of services and to guide practice.

1.10 Drug courts should provide for a continuum of services through partnership with (a) primary treatment provider(s) to deliver treatment, coordinate other ancillary services, and make referrals as necessary.¹

¹ Ideally, treatment providers should be limited to no more than (2)

1.11 The court shall maintain ongoing communication with the treatment provider. The treatment provider should regularly and systematically provide the court with written reports on participant progress; a reporting schedule shall be agreed upon by the drug court team and put in writing as part of the court's operating procedures. Reports should be provided on a weekly basis and within 24 hours as significant events occur. Significant events include but are not limited to the following: death, unexplained absence of a participant from a residence or treatment program, physical, sexual or verbal abuse of a participant by staff or other clients, staff negligence, fire, theft, destruction or other loss of property, complaints from a participant or his/her family, requests for information from the press, attorneys or government officials outside of those connected to the court, and participant behavior requiring attention of staff not usually involved in his/her care.

1.12 Participants should have contact with case management personnel (drug court staff or treatment representative) at least once per week during the first twelve months of treatment to review status of treatment and progress.

Note: These standards are based on the National Association of Drug Court Professionals' Ten Key Components.

2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

2.1 Prosecution and defense counsel shall both be members of the drug court team and shall participate in the design, implementation, and enforcement of the program's screening, eligibility and case-processing policies and procedures.

2.2 The prosecutor and defense counsel shall work to create a sense of stability, cooperation, and collaboration in pursuit of the program's goals.

2.3 The prosecution shall: review cases and determine whether a defendant is eligible for the drug court program; file all required legal documents; participate in and enforce a consistent and formal system of sanctions in response to positive drug tests and other participant noncompliance; agree that a positive drug test or open court admission of drug use will not result in the filing of additional drug charges based on that admission; and make decisions regarding the participant's continued enrollment in the program based on progress and response to treatment rather on legal aspects of the case, with the exception of additional criminal behavior.

The defense counsel shall: review the arrest warrant, affidavits, charging document, and other relevant information, and review all program documents (i.e., waivers, written agreements); advise the defendant as to the nature and purpose of the drug court, the rules governing participation, the merits of the program, the consequences of failing to abide by the rules, and how participation or non-participation will affect his/her interests; provide a list of and explains all of the rights that the defendant will temporarily or permanently relinquish²; advise the participants on alternative options, including all legal and treatment alternatives outside of the drug court program; discusses with the defendant the long-term benefits of sobriety; explain that the prosecution has agreed that admission to drug use in open court will not lead to additional charges, and therefore encourage truthfulness with the judge and treatment staff; and inform the participant that they will be expected to take an active role in court sessions, including speaking directly to the judge as opposed to doing so through an attorney.

2.4 Pursuant to O.C.G.A. § 15-1-15, drug courts may accept offenders with non-drug charges.

2.5 For any participant whose charges include a property crime, the court must comply with the requirements and provisions set forth in the Crime Victim's Bill of Rights (O.C.G.A. § 15-17-1, et seq.).

² Each right that will be temporarily or permanently relinquished as a condition of participation in drug court shall be distinguished and explained separately to ensure the defendant fully understands the rights being waived.

2.6 All participants shall receive a participant handbook upon accepting the terms of participation and entering the program. Receipt of handbook shall be acknowledged through a signed form, developed by the Judicial Council Accountability Court Committee, with an executed copy placed in the court file maintained locally.

2.7 Each drug court shall develop and use a form, or adopt the model created by the Judicial Council Accountability Court Committee, to document that each participant has received counsel from an attorney prior to admittance to a drug court, including the receipt of the local participant agreement with an executed copy placed in the official court file maintained locally.

2.8 The decision to participate in a drug court shall be made solely by the eligible participant. There shall be no coerced participation in a drug court, such as by giving eligible offenders the choice between an onerous disposition and participation in the program.

2.9 The decision to participate in a drug court shall not be influenced by offering a dispositional alternative more grueling or demanding to eligible offenders than that which is offered in cases where drug court participation is not an option.

2.10 The judge, on the record, must apprise a participant of all due process rights, rights being waived, any process for reasserting those rights, and program expectations.

2.11 Terminations from drug court require notice, a hearing and a fair procedure. Not covered by this requirement is when a participant self-terminates and this situation does not require any type of pre-termination hearing.

2.12 The consequences of termination from a drug court should be comparable to those sustained in other similar cases before the presiding judge. The sentence shall be reasonable and not excessively punitive solely based on termination from drug court.

2.13 Termination hearings conducted for drug court participants shall include all due process rights afforded to any offender serving a probated sentence under the supervision of the Georgia Department of Corrections.

2.14 In jurisdictions where the drug court judge will also sit as the judge performing a termination hearing, this situation needs to be communicated to offenders in writing at the time where program participation is being considered.

3. Eligible participants are identified early and promptly placed into the drug court program.

3.1 Participant eligibility requirements/criteria (verified through legal and clinical screening) shall be developed and agreed upon by all members of the drug court team and **formally** included in writing as part of the program's policies and procedures.

3.2 Courts may admit eligible participants pre-plea, post-plea, or operate under a hybrid model.

3.3 Screening for program eligibility shall include the review of legal requirements and clinical appropriateness, including the administration of a risk and needs assessment.

3.4 The target population for drug courts is offenders assessed as **low**-moderate to high-risk **for re-arrest and with moderate to high treatment needs**.

3.5 Members of the drug court team and other designated court or criminal justice officials shall screen cases for eligibility and identify potential drug court participants.

3.6 Participants being considered for a drug court shall be promptly advised about the program, including the requirements, scope and potential benefits and effects on their case.

3.7 Participants should begin treatment as soon as possible; preferably, no more than 30 days should pass between a participant being determined eligible for the program and commencement of treatment services.

3.8 Assessment for substance abuse and other treatment shall be conducted by appropriately trained and qualified professional staff, using standardized assessment tools.

3.9 Drug courts shall maintain an appropriate caseload based on their capacity to effectively serve all participants according to these standards.

3.10 No potential participant shall be excluded solely based on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation, or disability.

4. Drug courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services.

4.1 A drug court shall require a minimum 18 months of supervision and treatment for felony offenders to be considered as a drug court.

4.2 Felony programs should last a minimum of 18 months and should not exceed 24 months. Exceptions to the 24-month maximum may be made based on participant progress following a 24-month evaluation and assessment, to be followed up every four months thereafter and not to exceed a total program length of 36 months. A formal report of each assessment following 24 months shall be added to participant file to justify extension of the program.

4.3 Drug court programs should be structured into a series of phases. The final phase may be categorized as “aftercare/continuing care.”

4.4 Drug court programs shall offer a comprehensive range of core alcohol and drug treatment services. These services include:

- (1) Group counseling
- (2) Individual counseling
- (3) Drug testing.

4.5 Drug court programs should ideally offer:

- (1) Family counseling
- (2) Gender specific counseling
- (3) Domestic violence counseling
- (4) Health screening
- (5) Assessment and counseling for co-occurring mental health issues.

4.6 Ancillary services are available to meet the needs of participants. These services may include but are not limited to:

- (1) Employment counseling and assistance
- (2) Educational component
- (3) Medical and dental care
- (4) Transportation
- (5) Housing
- (6) Mentoring and alumni groups.

4.7 Case management plans shall be individualized for each participant based on the results of the initial assessment; ongoing assessment shall be provided according to a program schedule and treatment plans may be modified or adjusted based on results.

4.8 Treatment shall include standardized, evidence-based practices (see Georgia Adult Drug Court Treatment Standards) and other practices recognized by the Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Policies and Practices (NREPP).

4.9 A set of quality controls/review process shall be in place to ensure accountability of the treatment provider.

5. Abstinence is monitored by frequent alcohol and other drug testing.

5.1 Participants shall be administered a **randomized** drug test a minimum of twice per week during the first two phases of the program; a standardized system of drug testing shall continue through the entirety of the program.

5.2 Drug testing shall be administered to each participant on a randomized basis, using a formal system of randomization.

5.3 All drug courts shall utilize urinalysis as the primary method of drug testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair, and saliva testing and electronic monitoring.

5.4 All drug testing shall be directly observed by an authorized, same sex member of the drug court team, a licensed/certified medical professional, or other approved official of the same sex.

5.5 Drug screens should be analyzed as soon as practicable. Results of all drug tests should be available to the court and action should be taken as soon as practicable, ideally within 48 hours of receiving the results.

5.6 In the event a single urine sample tests positive for more than one prohibited substance, the results shall be considered as a single positive drug screen.

5.7 A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.

5.8 Each drug court shall establish a method for participants to dispute the results of positive drug screens through either gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, or some other equivalent protocol.

5.9 Creatinine violations and drug screens scheduled and missed without a valid excuse as determined by the presiding judge shall be considered as a positive drug screen.

6. A coordinated strategy governs drug court responses to participants' compliance.

6.1 A drug court shall have a formal system of sanctions, including a system for reporting noncompliance, established in writing and included in the courts policies and procedures.

6.2 A drug court shall have a formal system of rewards.

6.3 The formal system of sanctions and rewards shall be organized on a gradually escalating scale and applied in a consistent and appropriate manner to match a participant's level of compliance.

6.4 Courts should implement a system that allows for a minimum level of field supervision for each participant based on their respective level of risk. Field supervision may include unannounced visits to home or workplace and curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.

6.5 Regular and frequent communication between all members of drug court team shall provide for immediate and swift responses to all incidents of non-compliance, including positive drug tests.

6.6 There shall be no indefinite time periods for sanctions, including those sanctions involving incarceration or detention. Incarceration or detention should only be considered as the last option in the most serious cases of non-compliance.

6.7 Participants shall be subject to progressive positive drug screen sanctions prior to being considered for termination, unless there are other acts of non-compliance affecting this decision.

7. Ongoing judicial interaction with each drug court participant is essential.

7.1 A single superior court judge or senior superior court judge must preside over an individual felony drug court program and should be committed to serving in this role long-term.

7.2 A judge of the superior court must preside over a felony drug court program; provided, however that a judge from another class of court may be the presiding judge of a felony drug court program if that judge is specially designated as such by the chief judge of the judicial circuit in which the court operates, and is approved for such by the Judicial Council Accountability Court Committee.

7.3 The presiding judge may authorize assistance from other judges, including senior judges and judges from other classes of court, on a time-limited basis when the presiding judge is unable to conduct court.

7.4 The judge shall attend and participate in pre-court staffings, sessions, and/or meetings.

7.5 A regular schedule of status hearings shall be used to monitor participant progress.

7.6 There shall be a minimum of two status hearings per month in the first phase of felony drug court programs and, dependent on participant needs, this minimum schedule may continue through additional phases.

7.7 Frequency of status hearings may vary based on participant needs and benefits, as well as judicial resources. Status hearings should be held no less than once per month during the last phase of the program.

7.8 Status review shall be conducted with each participant on an individual basis; to optimize program effectiveness, group reviews should be avoided unless necessary based on an emergency basis.³

7.9 The judge, to the extent possible, should strive to spend an average of three minutes or greater with each participant during status review.

³ Insufficient time based on program census does not constitute an emergency.

8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

8.1 Participant progress, success and satisfaction should be monitored on a regular basis through the use of surveys **and participant feedback, most importantly at the program entry point and graduation.**

8.2 Participant data should be monitored and analyzed on a regular basis (as set forth in a formal schedule) to determine the effectiveness of the program.

8.3 A process and outcomes evaluation should be conducted by an independent evaluator within three years of implementation of a drug court program, and in regular intervals as necessary, appropriate, and/or feasible for the program thereafter.

8.4 Feedback from participant surveys, review of participant data, and findings from evaluations should be used to make any necessary modifications to program operations, procedures and practices.

8.5 Data needed for program monitoring and management are easily obtainable and are maintained in useful formats for regular review by program management.

8.6 Courts should use the preferred case management program, or compatible equivalent, as designated by the Judicial Council Accountability Court Committee, in the interest of the formal and systematic collection of program performance data.

8.7 Courts shall collect, at a minimum, a mandatory set of performance measures determined by the Judicial Council Accountability Court Committee which shall be provided in a timely requisite format to the Administrative Office of the Courts as required by the Judicial Council Accountability Court Committee, including a comprehensive end-of-year report. The minimum performance measures to be collected shall include: recidivism (rearrests and reconvictions), number of moderate and high risk participants, drug testing results, drug testing failures, number of days of continuous sobriety, units of service (number of court sessions, number of days participant receives inpatient treatment), employment, successful participant completion of the program (graduations), and unsuccessful participant completion of the program (terminations, voluntary withdrawal, death/other).

9. Continuing interdisciplinary education promotes effective drug court planning, implementation and operations.

9.1 Drug court programs shall have a formal policy on staff training requirements and continuing education.

9.2 All members of a drug court team shall receive training through the National Drug Court Institute.

9.3 Completion of the National Drug Court Planning Initiative shall be required prior to implementation in order to attain certification.

9.4 Existing programs should participate in Operational Tune-Up, **specific to their team**, as needed.

9.5 Court teams, to the extent possible, should attend comprehensive training on an annual basis, as provided by the Judicial Council Accountability Court Committee or the National Association of Drug Court Professionals.

9.6 Drug court judges and staff should participate in ongoing continuing education as it is available through professional organizations (ICJE, NADCP, GCCA, etc.).

9.7 New team members shall attend formal orientation and training administered by the Judicial Council Accountability Court Committee or the National Association of Drug Court Professionals.

10. Forging partnerships among drug courts, public agencies and community-based organizations generates local support and enhances drug court program effectiveness.

10.1 Pursuant to O.C.G.A. § 15-1-15, each drug court shall establish a planning group to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the court, and shall include all policies and practices related to implementing the standards set forth in this document.

10.2 A local steering committee consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies, and the faith community should meet on a quarterly basis to provide policy guidance, fundraising assistance and feedback to the drug court program.

10.3 Drug courts should consider forming an independent 501(c)(3) organization for fundraising and administration of the steering committee.

10.4 Drug courts should actively engage in forming partnerships and building relationships between the court and various community partners. This may be achieved through facilitation of forums, informational sessions, public outreach, and other ways of marketing.

10.5 Drug court staff should participate in ongoing cultural competency training on an annual basis.

Section II

Adult Drug Court Treatment Standards

1. Screening

1.1 Legal: Drug court programs should work with interdisciplinary team to ensure systematic, early identification and early engagement of target population.

1.2 Clinical: Drug courts will enroll participants who meet diagnostic criteria for Substance-Related Disorder and whose needs can be met by the program. Brief screen for mental health problems should occur.

1.3 Recommended tools: Texas Christian University, Substance Abuse II (TCUDS); Addiction Severity Index (ASI)-Drug Use Subscale (ASI-Drug); Substance Abuse Subtle Screening Inventory-2 (SASSI-2); Brief Jail Mental Health Screen, National GAINS Center.

2. Assessment

2.1 Drug courts will employ an assessment tool that captures offenders' risk of recidivism and treatment needs. This should also include a short assessment for mental health needs.

2.1.1 Recommended tools: Level of Service Inventory-R (LSI-R); Correctional Offender Management and Profiling Alternative Sanctions (COMPAS).

2.2 Appropriate assessment instruments are actuarial tools that have been validated on a targeted population, are scientifically proven to determine a person's risk to recidivate and to identify criminal risk factors that, when properly addressed, can reduce that person's likelihood of committing future criminal behavior.

2.3 Assessment tool should also be suitable for use as a repeat measure. Programs should re-administer tool as a measure of program effectiveness and offender progress.

3. Level of Treatment

3.1 Drug courts will offer an appropriate level of treatment for the target population.

3.1.1 Recommended tools: ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (PPC-2R).

3.2 Drug courts will match participant risk of recidivism and needs with an appropriate level of treatment and supervision. Ideal length of program is 12-18 months.

4. Addiction Treatment Interventions

4.1 Drug courts will use a manualized curriculum and structured [(e.g. Cognitive Behavior Therapy (CBT))] approach to treating addiction.

4.1.1 Recommended tools: Relapse Prevention Therapy (RPT); Motivational Enhancement Therapy (MET).

4.2 Aftercare services are an important part of relapse prevention. Aftercare is lower in intensity and follows higher-intensity programming.

5. Recidivism/Criminality Treatment Interventions

5.1 Drug courts will incorporate programming that addresses criminogenic risk factors: those offender characteristics that are related to risk of recidivism.

5.1.1 Recommended tools: Moral Reconation Therapy (MRT); Thinking for a Change (TFAC).

5.2 Criminal risk factors are those characteristics and behaviors that affect a person's risk for committing future crimes and include, but are not limited to, antisocial behavior, antisocial personality, criminal thinking, criminal associates, substance abuse, difficulties with impulsivity and problem-solving, underemployment, or unemployment.

6. Treatment/Case Management Planning

6.1 Drug courts will use treatment/case management planning that follows from assessment and systematically addresses core risk factors associated with relapse and recidivism.

6.2 Treatment and case management planning should be an ongoing process and occur in conjunction with one another.

7. Information Management Systems

7.1 Drug courts will employ an information management system that captures critical court and treatment data and decisions that affect participants. The data management approach will promote the integration of court and treatment strategies, enhance treatment and case management planning and compliance tracking, and produce meaningful program management and outcome data. Measures of treatment services delivered and attended by participants should be captured.

8. Oversight and Evaluation

8.1 Drug courts are responsible for oversight of all program components. Regular monitoring of judicial status hearings, treatment, and case management services should occur.

8.2 Meetings with and surveys of participants to assess program strengths and areas for improvement increases legitimacy of the process and leads to improved outcomes.

FY 2014 Adult Drug Court Certification Application

**Judicial Council of Georgia
Administrative Office of the Courts**



Adult Felony Drug Court Certification Application

This document constitutes the Certification Application (Application) for Adult Felony Drug Courts (Drug Courts) in Georgia. New Drug Courts should use this document to guide development of their program while existing courts should strive to bring their program in line with the recommendations. Below, you will find a description of the Application's components along with contact information should you have any questions.

The Application is organized by the ten key components that were used to develop Georgia's *Standards for Accountability Courts*.¹ Following each key component is an adopted standards benchmark (benchmark) prescribed by the Judicial Council of Georgia, also found in Georgia's standards. The benchmarks are numbered as they are found in the Georgia standards. This allows the Drug Courts to easily cross reference each certification requirement with the appropriate standard. Each benchmark is categorized as a mandatory requirement or a best practice. The mandatory requirements represent the highest priority benchmarks, many of which are in statute. Drug Court staff should meet these mandatory requirements or show evidence they are working towards them. Benchmarks that are categorized as best practices are often found in high performing programs. Courts should strive to meet these benchmarks, but should place a higher priority on the mandatory requirements.

For every standard benchmark that was employed in the Application, a certification requirement is listed. The requirements detail the steps the courts should take to meet the adopted standards. For every certification requirement, a suggested location is provided. This section simply provides a location where accountability court staff can find the necessary documents or records. For example, many of the certification requirements suggest that certain forms or documents be contained in a policy and procedure manual. There is also a documentation section for each requirement. This section provides a space for Drug Court staff to indicate if there is a supporting form or document for the requirement and to instruct the certification committee where to find the necessary attachments.

Any questions about the certification application should be directed to Joshua Becker, Certification Program Manager, at the Administrative Office of the Courts.

¹ You can view the most recent version of Georgia's *Standards for Accountability Courts* here:
http://georgiacourts.gov/files/JC_Standards%20for%20Accountability%20Court.pdf

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.			
Adopted Standards Benchmark 1.1 Each drug court shall establish an accountability court team to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the court.			Mandatory Requirement
Certification Requirement 1.1: Ensure both the names and organizational affiliation of the drug court advisory committee, or those persons who are responsible for the ongoing planning of the problem-solving court, clearly listed. (May be constituted by representatives of the Accountability Court team, although it is recommended to include community partners and evaluation expertise.)	Policy and Procedure Manual, Work Plan	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 1.3 The drug court team shall collaboratively develop, review, and agree upon all aspects of court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, and program structure guidelines) prior to commencement of program operations.			Mandatory Requirement
Certification Requirement 1.3: Ensure the problem-solving court program has each of the following documentation: <ol style="list-style-type: none"> Written Mission Statement <input type="checkbox"/> Written Program Goals <input type="checkbox"/> Written Eligibility Requirements <input type="checkbox"/> 	Memoranda(um) of Agreement/Understanding (MOA/MOU), Participant Handbook, Policy and Procedure Manual	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	

Certification Process Application for Georgia Accountability Courts – Adult Drug Court Programs

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
4. Written Operating Procedures <input type="checkbox"/> 5. Written Urine Testing Procedures <input type="checkbox"/> 6. Written Guidelines for Placement Levels <input type="checkbox"/> 7. Written Incentive/Sanction Guidelines <input type="checkbox"/>			
Adopted Standards Benchmark 1.6 The goals of adult drug court programs in Georgia shall be abstinence from alcohol and other illicit drugs and promotion of law-abiding behavior in the interest of public safety.			Mandatory Requirement
Certification Requirement 1.6: Ensure the goals of the drug court program include specific and measurable criteria for the following: <ol style="list-style-type: none"> Compliance with program requirements <input type="checkbox"/> Reduction in criminal behavior <input type="checkbox"/> Reduction in AOD use <input type="checkbox"/> Participation in treatment <input type="checkbox"/> Restitution to the victim and/or community <input type="checkbox"/> No new/additional charges since acceptance into drug court program <input type="checkbox"/> 	Policy and Procedure Manual, Data Collection System	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 1.7 All members of the drug court team are expected to attend and participate in a minimum of two formal staffings per month.			Mandatory Requirement
Certification Requirement 1.7: Ensure the court can indicate each team member has participated in two formal staffing per month.	Policy and Procedure Manual, Coordinator Updates, Case Management Tools, Etc.	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	

Certification Process Application for Georgia Accountability Courts – Adult Drug Court Programs

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
Adopted Standards Benchmark 1.9 Standardized evidence-based treatments, as recommended in the Georgia Adult Drug Court Treatment Standards, shall be adopted by the drug court to ensure quality and effectiveness of services and to guide practice.			Mandatory Requirement
Certification Requirement 1.9: The treatment component used should clearly outline the evidence-based treatment used in the drug courts program description. ²	Policy and Procedure Manual ³	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 1.10 Drug courts should provide for a continuum of services through a partnership with a primary treatment provider(s) to deliver treatment, coordinate other ancillary services, and make referrals as necessary. ⁴			Mandatory Requirement
Certification Requirement 1.10: There should be clear documentation that identifies ancillary services, how participants access such services as well as the process by which they are delivered to participants.	Policy and Procedure Manual, Participant Handbook	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 1.11 The court shall maintain ongoing communication with the treatment provider. The treatment provider should regularly and systematically provide the court with written reports on participant progress; a reporting schedule shall be agreed upon by the drug court team and put in writing as part of the courts operating procedures. Reports should be provided on a weekly			Mandatory Requirement

² Drug court programs should be using a manualized curriculum and structured (e.g. Cognitive Behavior Therapy (CBT)) approach to treating addictions

³ Recommended tools: Relapse Prevention Therapy (RPT) and Motivational Enhancement Therapy (MET)

⁴ Ideally, treatment providers should be limited to no more than (2)

Certification Process Application for Georgia Accountability Courts – Adult Drug Court Programs

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
basis and within 24 hours as significant events occur.			
Certification Requirement 1.11: Detail evidence of communication devices/techniques the drug court uses to facilitate communication between the court and treatment providers.	Policy and Procedure Manual, Copy of Prior Communication/Evidence, Participant spreadsheet	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participant's due process rights.			
Adopted Standards Benchmark 2.1 Prosecution and defense counsel shall both be members of the drug court team and shall participate in the design, implementation, and enforcement of the programs screening, eligibility and case-processing policies and procedures.			Mandatory Requirement
Certification Requirement 2.1: Is there evidence that both the prosecutor and defense counsel are part of the drug court team and participate in the design of the following: <ol style="list-style-type: none"> 1. Screening policy and procedures <input type="checkbox"/> 2. Eligibility policies and procedures <input type="checkbox"/> 3. Case-processing policies and procedures <input type="checkbox"/> 	Policy and Procedure Manual	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 2.7 Each drug court shall develop and use a form, or adopt the model created by the Judicial Council Accountability Court Committee, to document that each participant has received counsel from an attorney prior to admittance to a drug court, including the receipt of the local participant agreement with an executed copy placed in the official court file maintained locally.			Mandatory Requirement
Certification Requirement 2.7: The policy and procedure manual should include a form	Policy and Procedure Manual	Is there an attachment(s) to support this	

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
that is used for participants prior to acceptance into drug court that demonstrates counsel was provided before agreement to participation.		requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Key Component #3: Eligible participants are identified early and promptly placed into the drug court program			
Adopted Standards Benchmark 3.1: Participant eligibility requirements/criteria (verified through legal and clinical screening) shall be developed and agreed upon by all members of the drug court team and formally included in writing as part of the program's policies and procedures.			Mandatory Requirement
Certification Requirement 3.1: The following criteria for eligibility requirements in the drug courts target population may include but should not be limited to: 1. Demographic information <input type="checkbox"/> 2. Current charge <input type="checkbox"/> 3. Prior Record <input type="checkbox"/> 4. Nature and severity of substance abuse problem <input type="checkbox"/> 5. Non-violent charges <input type="checkbox"/> 6. Other criteria <input type="checkbox"/>	Policy and Procedure Manual, Participant Handbook	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 3.4: The target population for drug courts is offenders assessed at low-moderate to high -risk for re-arrest and with moderate to high treatment needs.			Mandatory Requirement

Certification Process Application for Georgia Accountability Courts – Adult Drug Court Programs

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
Certification Requirement 3.4: Data from a valid Risk/Need Assessment Instrument normed to an offender population. <i>While it is understood that drug courts will have a risk/need curve ranging from low to high, programs should be able to demonstrate that the “average or median” participant is within or above a low-moderate to moderate risk/need range.</i>	Policy and Procedure Manual ⁵ , Data Management System or spreadsheet	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 3.5: Members of the drug court team and other designated court or criminal justice officials shall screen cases for eligibility and identify potential drug court participants.			Best Practice
Certification Requirement 3.5: Detail the average length of time from the date the person is arrested until they are enrolled into the program. 1. Less than 30 days <input type="checkbox"/> 2. Greater than 30 days <input type="checkbox"/> If greater than 30 days, ensure an explanation of process and procedure is attached.	Policy and Procedure Manual	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 3.7: Participants should begin treatment as soon as possible; preferably, no more than 30 days should pass between a participant being determined eligible for the program and commencement of treatment services.			Best Practice

⁵ Recommended tools are COMPAS and LSI-R

Certification Process Application for Georgia Accountability Courts – Adult Drug Court Programs

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
Certification Requirement 3.7: Detail the average length of time from the date the person is deemed eligible for the drug court program and date of first initiation of treatment services. 1. Less than 30 days <input type="checkbox"/> 2. Greater than 30 days <input type="checkbox"/> If greater than 30 days, ensure an explanation of process and procedure is attached.	Policy and Procedure Manual	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Key Component #4: Drug courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services.			
Adopted Standards Benchmark 4.1: A drug court shall require a minimum 18 months of supervision and treatment for felony offenders to be considered as a drug court.			Mandatory Practice
Certification Requirement 4.1: Felony programs should last a minimum of 18. Participant phases should be reflective of the time in which they are enrolled in program.	Policy and Procedure Manual, Participant Handbook	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 4.4: Drug court programs shall offer a comprehensive range of core alcohol and drug treatment services.			Best Practice
Certification Requirement 4.4: Detail the services offered and available to a drug court participant. Possible services may include but are not limited to: 1. Group, Family, and Individual Counseling (Substance Abuse- specific treatment) <input type="checkbox"/>		Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Certification Process Application for Georgia Accountability Courts – Adult Drug Court Programs

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
2. Relapse Prevention <input type="checkbox"/> 3. Community based support groups <input type="checkbox"/> 4. Anger-Management <input type="checkbox"/> 5. Access to inpatient services <input type="checkbox"/> 6. Trauma Focused counseling services <input type="checkbox"/> 7. Drug Testing <input type="checkbox"/> 8. Gender Specific services (i.e. counseling, etc.) <input type="checkbox"/> 9. IPV/DV counseling <input type="checkbox"/> 10. Health Screening <input type="checkbox"/> 11. Mental Health/Co-Occurring Disorder assessments <input type="checkbox"/> 12. Medical Detoxification <input type="checkbox"/> 13. Crisis intervention <input type="checkbox"/> 14. HIV/AIDS Counseling <input type="checkbox"/> 15. Criminal Thinking Curriculum (MRT, TFAC, etc.) 16. Other, describe _____	Policy and Procedure Manual, Participant Handbook	Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 4.6: Ancillary services are available to meet the needs of participants.			Best Practice
Certification Requirement 4.6: Detail the services offered and available to a drug court participant. Possible services may include but are not limited to: 1. Employment counseling and assistance <input type="checkbox"/> 2. Educational component <input type="checkbox"/>	Policy and Procedure Manual, Participant Handbook	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
3. Medical and dental care <input type="checkbox"/> 4. Transportation <input type="checkbox"/> 5. Housing <input type="checkbox"/> 6. Mentoring and alumni groups <input type="checkbox"/> 7. Other, describe _____			
Adopted Standards Benchmark 4.7: Case management and treatment plans shall be individualized for each participant based on the results of the initial assessment; ongoing assessment shall be provided according to a program schedule and treatment plans may be modified or adjusted based on results.			Mandatory Requirement
Certification Requirement 4.7: Ensure case management and treatment plans are designed to do each of the following services for participants: <ol style="list-style-type: none"> 1. Provide ongoing assessment of participant progress and needs <input type="checkbox"/> 2. Assessment and case management/treatment planning should systematically address factors that reduce recidivism, as well as promote recovery 3. Coordinate referrals to services in addition to primary treatment <input type="checkbox"/> 4. Provide structure and support for individuals who typically have difficulty using services even when available <input type="checkbox"/> 5. Ensure communication between the court and 	Policy and Procedure Manual, Sample Case Management Document	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
various service providers <input type="checkbox"/>			
Adopted Standards Benchmark 4.9: A set of quality controls/review process shall be in place to ensure accountability of the treatment provider.			Mandatory Requirement
Certification Requirement 4.9: 1. Ensure direct service providers used for the drug court are licensed, where required <input type="checkbox"/> 2. Ensure education, training, and ongoing clinical supervision are provided to treatment staff <input type="checkbox"/>	Policy and Procedure Manual, Case Management System	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing			
Adopted Standards Benchmark 5.1: Participants shall be administered a randomized drug test a minimum of twice per week during the first two phases of the program; a standardized system of drug testing shall continue through the entirety of the program.			Mandatory Requirement
Certification Requirement 5.1: Drug screening policy lays out specimen collection guidelines (same-sex observed) and staff responsibilities.	Policy and Procedure Manual, Drug Testing Schedule	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 5.2: Drug testing shall be administered to each participant on a randomized basis, using a formal system of randomization.			Mandatory Requirement
Certification Requirement 5.2: Documentation should clearly outline drug testing procedures/protocol.	Policy and Procedure Manual, Participant Handbook	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	

Certification Process Application for Georgia Accountability Courts – Adult Drug Court Programs

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
Adopted Standards Benchmark 5.5: Drug screens should be analyzed as soon as practicable. Results of all drug tests should be available to the court and action should be taken as soon as practicable, ideally within 48 hours of receiving the results.			Best Practice
Certification Requirement 5.5: Written procedures will be in place to ensure chain of custody and participant protections as well as expedient results. Written procedures as to when and how results may be contested and confirmed (LCMS/GCMS) by participants.	Policy and Procedure Manual	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 5.7: A minimum of 90 days negative drug testing shall be required prior to a participant being deemed eligible for graduation from the program.			Best Practice
Certification Requirement 5.7: Documentation must address how long a participant must be abstinent from alcohol and drugs prior to successfully completing the drug court program	Participant Handbook	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Key Component #6: A coordinated strategy governs drug court responses to participants compliance			
Adopted Standards Benchmark 6.1: A drug court shall have a formal system of sanctions, including a system for reporting noncompliance, established in writing and included in the courts policies and procedures.			Mandatory Requirement
Certification Requirement 6.1: Program information should clearly outline their courts' sanctions. Courts can use various means (grids, charts,	Policy and Procedure Manual, Participant Handbook	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____	

Certification Process Application for Georgia Accountability Courts – Adult Drug Court Programs

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
etc.) to reflect how and when sanctions are administered.		Relevant Page Number(s) _____	
Adopted Standards Benchmark 6.2: A drug court shall have a formal system of rewards.			Best Practice
Certification Requirement 6.2: Program information should clearly outline their courts' incentives. Courts can use various means (grids, charts, etc.) to reflect how and when incentives are administered.	Policy and Procedure Manual, Participant Handbook	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 6.4: Courts should implement a system that allows for a minimum level of field supervision for each participant based on their respective level of risk.			Best Practice
Certification Requirement 6.4: Outline the field supervision procedure and policy for the drug court program. *(Note: Field supervision may include unannounced visits to home and/or workplace as well as curfew checks. Levels may be adjusted throughout the program based on participant progress and any reassessment process.)	Policy and Procedure Manual, Participant Handbook	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 6.7: Participants shall be subject to progressive positive drug screen sanctions prior to being considered for termination, unless there are other acts of non-compliance affecting this decision.			Mandatory Requirement
Certification Requirement 6.7: Detail the sanctions associated with positive drug tests and other non-compliant behavior with drug court guidelines	Policy and Procedure Manual, Participant Handbook	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
Key Component #7: Ongoing judicial interaction with each drug court participant is essential			
Adopted Standards Benchmark 7.4: The judge shall attend and participate in pre-court staffing sessions/meetings.			Mandatory Requirement
Certification Requirement 7.4: Court-planning sessions held prior to drug court should be convened while the judge is present.	Policy and Procedure Manual, Memoranda	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 7.7: Frequency of status hearings may vary based on participant needs and benefits, as well as judicial resources. Status hearings should be held no less than once per month during the last phase of the program.			Best Practice
Certification Requirement 7.7: Problem-solving court programs should be able to clearly articulate the number of times court and/or status hearings are being conducted.	Policy and Procedure Manual, Participant Handbook	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness			
Adopted Standards Benchmark 8.1: Participant progress, success and satisfaction should be monitored on a regular basis through the use of surveys and participant feedback, most importantly at the program entry point and graduation.			Best Practice
Certification Requirement 8.1: Each court should have identified qualitative and quantitative surveys. There should be evidence that the	Policy and Procedure Manual, Sample of Participant Survey	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____	

Certification Process Application for Georgia Accountability Courts – Adult Drug Court Programs

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
surveys and feedback are addressed and used for policy development.		Relevant Page Number(s) _____	
Adopted Standards Benchmark 8.2: Participant data should be monitored and analyzed on a regular basis (as set forth in a formal schedule) to determine the effectiveness of the program.			Best Practice
Certification Requirement 8.2: Each court program should utilize an evaluation/data tracking system that captures pertinent information on participants. Programs should show documentation that report statistics and trends in their particular court	Evaluation System, Sample of Report(s), Policy and Procedure Manual	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 8.6: Courts should use the preferred case management program, or compatible equivalent, as designated by the Judicial Council Accountability Court Committee, in the interest of the formal and systematic collection of program performance data.			Best Practice
Certification Requirement 8.6: Detail the case management system used in the court program.		Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 8.7: Courts shall collect, at a minimum, a mandatory set of performance measures determined by the Judicial Council Accountability Court Committee which shall be provided in a timely requisite format to the Administrative Office of the Courts as required by the Judicial Council Accountability Court Committee, including a comprehensive end-of-year report.			Best Practice
Certification Requirement 8.7: Provide detail of the performance measures collected on a quarterly and/or annual basis.	Copy of most recent report submitted, Sample performance measure report	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation and operations			
Adopted Standards Benchmark 9.1: Drug court programs shall have a formal policy on staff training requirements and continuing education.			Best Practice
Certification Requirement 9.1: Outline the drug court program's written operating procedures for staff training requirements. Show written documentation reflecting required trainings for new court staff and team members.	Policy and Procedure Manual	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Adopted Standards Benchmark 9.4: Existing programs should participate in Operational Tune-Up , specific to their team, as needed.			
Certification Requirement 9.4: Provide a list of team members and the date and location of their most recent operational tune-up attendance.	Policy and Procedure Manual	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	
Key Component #10: Forging partnerships among drug courts, public agencies and community-based organizations generates local support and enhances drug court program effectiveness			
Adopted Standards Benchmark 10.2: A local steering committee consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies, and the faith community should meet on a quarterly basis to provide policy guidance, fundraising assistance and feedback to the drug court program.			Best Practice
Certification Requirement 10.2: Provide a list of steering committee members (include organizational affiliation) and detail the process and procedure of meetings as well as the frequency that meetings occur. Specify if and how the steering committee provides the following: 1. Policy guidance <input type="checkbox"/>		Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	

Certification Process Application for Georgia Accountability Courts – Adult Drug Court Programs

Key Components Adopted Standards Certification Requirement	Suggested Location, if any	Documentation	Mandatory Requirement OR Best Practice
2. Fundraising <input type="checkbox"/> 3. Resource acquisition <input type="checkbox"/>			
Adopted Standards Benchmark 10.4: Drug courts should actively engage in forming partnerships and building relationships between the court and various community partners. This may be achieved through facilitation of forums, informational sessions, public outreach, and other ways of marketing			Best Practice
Certification Requirement 10.4: Detail the process and procedure by which the drug court program forms partnerships and builds ongoing relationships with the community.		Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____	

JUDICIAL

FY 2014 Mental Health Court Certification Application

Judicial Council of Georgia
Administrative Office of the Courts



**CERTIFICATION PROCESS
FOR GEORGIA MENTAL HEALTH COURT DIVISIONS
PURSUANT TO OCGA 15-1-16(b) (3) (C).**

Introduction

Pursuant to OCGA 15-1-16, the Judicial Council of Georgia has established and published standards, guidelines and practices for mental health court divisions. These published standards track the guidelines and principles for mental health courts as outlined in the Bureau of Justice Assistance/Council of State Governments Justice Center publication *Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court*. This document outlines the process by which Georgia mental health court divisions will be certified by the Judicial Council of Georgia to insure adherence to the published Judicial Council standards and practices guidelines. During the certification process, if any program deficiencies requiring correction are noted, a process for such court to apply for a good cause waiver with a remediation plan from the Judicial Council of Georgia is outlined herein.

The Judicial Council of Georgia, Accountability Courts Committee Chair shall appoint a Mental Health Certification and Peer Review Subcommittee, serving a term of no less than one year and no more than two, made up of experienced mental health court judges and court team members from various disciplines, including, but not limited to clinicians and program coordinators, and Council staff. This committee will review certification applications and accompanying documents submitted by the Mental Health court divisions, in accordance with the rules required by HB 1176.

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
Essential Element #1: A broad-based group of stakeholders representing the criminal justice, mental health, substance abuse treatment, and related systems and the community guides the planning and administration of the court.		
Benchmarks 1.1 – 1.4: Each mental health court shall establish a multiple discipline planning committee and an advisory group to create a work plan and to monitor criteria, mechanisms and court processes. In some jurisdictions, these two groups may have the same membership. These planning and advisory groups shall have judicial leadership and shall periodically review and suggest revisions to mental health court policies and procedures.		
Certification Requirement 1a: A mental health court work plan should be contained in a written policy and procedure manual.	Policy and Procedure Manual, Work Plan	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Certification Requirement 1b: A written list of planning committee and/or advisory group members and their job titles shall be provided to the Judicial Council of Georgia as part of the certification process. Notes: The planning committee and/or advisory group should have representation from the judiciary, prosecuting attorney's office, a defense attorney, sheriff or designated law enforcement, probation staff and a mental health clinical representative. The planning committee and/or advisory group members should meet at least semi-annually to review policies, procedures and operations of the mental	Policy and Procedure Manual, Work Plan	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
health court program.		
Essential Element #2: Eligibility criteria address public safety and consider a community's treatment capacity, in addition to the availability of alternatives to pretrial detention for defendants with mental illnesses. Eligibility criteria also take into account the relationship between mental illness and a defendant's offenses, while allowing the individual circumstances of each case to be considered.		
Benchmarks 2.1 – 2.4: Because mental health courts are specialized interventions that can only serve a portion of defendants with mental illness, careful attention should be paid to determining target populations. There should be a process or mechanism to enable staff to determine if there is some relationship between the participant's mental health issues and the criminal justice charges. While the mental health courts are not required to develop other interventions in their community, efforts should be made by the mental health court judge and team to encourage the development of other interventions in the community. Clinical eligibility criteria should be well defined and developed with an understanding of treatment resources and capacity in the community.		
Certification Requirement 2a: A listing of clinical eligibility requirements should be contained in the written policy and procedures manual.	Policy and Procedure Manual	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Certification Requirement 2b: The court shall provide a written process for screening and assessment referrals with clinical treatment providers in the community in order to determine clinical eligibility and to develop a treatment plan of the participant. Notes: Such screenings and assessments shall utilize evidence based instruments that comply with the minimum required mental health court treatment standards adopted by the Judicial Council of Georgia. The screening process should also utilize	Policy and Procedure Manual	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
input from the prosecuting attorney and law enforcement officers to determine if there are facts surrounding the underlying criminal justice charge indicative of the participant's mental health issues being related in some fashion.		
Certification Requirement 2c: The court shall document utilization of a risk and needs assessment instrument approved by the Judicial Council of Georgia as part of the program eligibility process. ¹ Notes: The risk and needs assessment should demonstrate that the mental health court division is targeting offenders that are moderate/high risk of recidivism and that have high needs due to their mental health issues, possible co-occurring substance abuse issues and other psychosocial factors.	Policy and Procedure Manual, Copy of Risk and Needs Assessment Instrument, Statement of Assessment Used	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Benchmark 2.5: Pursuant to OCGA 15-1-16 (b) (3), defendants charged with murder, armed robbery, rape, aggravated sodomy, aggravated sexual battery, aggravated child molestation or child molestation are ineligible for enrollment in a mental health court division except in the case of a separate court supervised reentry program designed to more closely monitor mentally ill offenders returning to the community after having served a term of incarceration. Any such court supervised community reentry program for mentally ill offenders shall be subject to the mental health court work plan.		
Certification Requirement 2d: If the court has developed a separate judicially supervised jail/prison reentry program or track under the umbrella of	Policy and Procedure Manual, Work Plan	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____

¹ Recommended tools are START and LSI-R

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
<p>the mental health court division pursuant to OCGA 15-1-16 (b) (3), must provide the following:</p> <ul style="list-style-type: none"> • Verification that it is subject to the mental health court's written work plan <input type="checkbox"/> • Verification that the mental health court team² participate in evaluation of the reentry program participant's suitability for such supervision and work plan requirements <input type="checkbox"/> 		<p>Relevant Page Number(s) _____</p>
<p>Element 2 Suggested Practice: The court should list resources in order to assist development of a continuum of community intercept points.</p> <p>Notes: Mental health court divisions should encourage the development of a continuum of other mental health and substance abuse services in the community criminal justice system. These would focus on other intercept points consistent with the GAINS Sequential Intercepts model. Examples would include, but not be limited to, Crisis Intervention training (CIT) for local law enforcement, jail staff and community corrections officers (probation/parole), as well as linkage and coordination with local community hospitals, community service board mental health clinics and crisis stabilization units in order to offer pre-trial treatment</p>	<p>Policy and Procedure Manual</p>	<p>Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____</p>

² The mental health court team should include the judge, prosecutor, defense attorney, community corrections supervisor (probation/parole officer) and clinician.

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
alternatives.		
Essential Element #3: Participants are identified, referred, and accepted into mental health courts, and then linked to community-based service providers as quickly as possible.		
Benchmarks 3.1 – 3.4: Potential candidates for mental health court programming should be identified as soon as possible. Mental health court team members should educate law enforcement members, attorneys, jail staff and other judges about the mental health court program and eligibility criteria in order to foster prompt and appropriate referrals. Upon receipt of a referral, mental health court staff should promptly screen the candidate, make an appropriate referral for clinical screening and assessment and contact the prosecutor and defense counsel for review of criminal justice charge eligibility. If a potential participant has possible current mental competency issues, review of that issue and possible restoration efforts should be expedited, particularly if the defendant is accused of a misdemeanor.		
Certification Requirement 3a: The court shall document its process to identify and receive referrals of possible program participants from attorneys, other judges, law enforcement, jail staff and other community members.	Policy and Procedure Manual, Work Plan	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Certification Requirement 3b: The court shall outline a process to, at least annually, notify and educate law enforcement personnel, jail staff, other judges and area attorneys about program criteria and the referral mechanism.	Policy and Procedure Manual, Work Plan, Training Calendar	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Certification Requirement 3c: The court shall document the referral system used by the treatment provider, prosecuting attorney, and defense counsel, and other parties.	Policy and Procedure Manual, Work Plan, Referral Forms	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
Notes: Mental health court staff and its related treatment provider staff shall utilize appropriate screening instruments and have in place a process to make clinical referrals for needed assessments, as well as referrals for criminal justice input from both the prosecuting attorney and defense counsel, particularly relating to the facts and circumstances of the current charge as well as criminal and arrest history.		
Essential Element #4: Terms of participation are clear, promote public safety, facilitate the defendant’s engagement in treatment, are individualized to correspond to the level of risk that the defendant presents to the community, and provide for positive legal outcomes for those individuals who successfully complete the program.		
Benchmarks 4.1 – 4.2: Mental health courts need general program parameters for pleas, program duration, terms and completion outcomes with a program handbook document for participants. However, compared to drug court programs, these mental health court programs should be more individualized based on the particular needs and condition of the defendant, based on public safety factors, the nature of the participant’s mental health condition, possible co-occurring substance abuse issues, level of functioning of the defendant and other psychosocial factors. The defendant should be made aware, verbally and in writing, of program rules and requirements before entry into the program, including possible consequences of program non-compliance. Prior to any plea being taken, a knowing and voluntary advice and waiver of rights shall be obtained from the participant, with explanation of potential effects of a conviction.		
Benchmark 4.3: The length of the mental health program participation should not exceed the maximum length of incarceration or probation sentence the defendant could have received if found guilty in a traditional criminal docket case. Recognizing that a mental health court participant has more individualized program requirements, program duration and completion requirements will vary depending on a defendant’s program progress, stabilization, adherence to court-ordered conditions, and connection to treatment services in the community. Minimum program length is 12 months for misdemeanors and 18 months for felonies.		

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
Benchmarks 4.4 – 4.5: Least restrictive supervision conditions, particularly for misdemeanor participants, should be considered, again tailored to the defendant's individualized treatment needs and plan and public safety factors. When a mental health court participant successfully completes the terms of the program there should be some positive legal outcome which could include but not be limited to, dismissal of charges in a pre-adjudication model, early termination of probation or reduction of a probated sentence in a post-adjudication model, waiver or reduction of fines or community service requirements. OCGA 15-1-16 prohibits the withdrawal of a plea of guilty or <i>nolo contendere</i> entered in order to enroll in a mental health court program without permission of the court.		
Certification Requirement 4a: The following shall be provided as part of the certification process: <ul style="list-style-type: none"> • Copy of the program guidelines <input type="checkbox"/> • Terms of program participation <input type="checkbox"/> • Program handbook <input type="checkbox"/> Notes: Potential enrollees should be given written terms of participation and program guidelines and requirements in the form of a program handbook prior to making a decision to enroll in the mental health court. The participant's receipt of the handbook shall be acknowledged through a signed form with an executed copy placed in the court file maintained locally.	Policy and Procedure Manual, Participant Handbook	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Certification Requirement 4b: Courts shall provide evidence that misdemeanor programs last a minimum duration of 12 months and felony programs	Policy and Procedure Manual, Participant Handbook	Is there an attachment(s) to support this requirement? ³ <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____

³ Such verification can include a listing of the maximum possible statutory penalty for the charge(s) compared to the length of program participation.

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
last a minimum duration of 18 months. Notes: Length of the term of the defendant’s mental health court program participation should not exceed the maximum possible statutory sentence for the underlying charge(s).		Relevant Page Number(s) _____
Essential Element #5: Defendants fully understand the program requirements before agreeing to participate in a mental health court. They are provided legal counsel to inform this decision and subsequent decisions about program involvement. Procedures exist in the mental health court to address, in a timely fashion, concerns about a defendant’s competency whenever they arise.		
Benchmarks 5.1 – 5.4 In order to voluntarily enter a plea, knowingly waive rights and agree to participate in a mental health court program, a defendant has to be currently mentally competent. Particularly given the time constraints on misdemeanor sentences, the mental health court team should develop policies and practices to expedite any needed competency evaluations. A defendant seeking to participate in a mental health court program should be provided written terms of participation and program guidelines and requirements in the form of a program handbook prior to making a decision to enroll in the mental health court. The mental health court division should make available defense counsel for indigent defendants during the enrollment decision –making process, plea process and at future hearings, particularly if there is a risk of sanctions or dismissal from the mental health court program.		
Certification Requirement 5a: The court shall have, and produce for certification purposes, a voluntary waiver of rights forms available to all participants prior to program entry.	Policy and Procedure Manual, Copy of Waiver Form, Participant Handbook	Is there an attachment(s) to support this requirement? ⁴ <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Certification Requirement 5b:	Policy and Procedure	Is there an attachment(s) to support this

⁴ In a post-adjudication program, written documentation of an advice of rights process with the defendant, reflecting a knowing and voluntary waiver of rights and guilty plea should be kept in the Clerk of Court file should a copy be requested as part of the certification process.

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
<p>The court should have a formal policy in place for mental competency referrals.</p> <p>Notes: The mental health court division should have a process in place to make referrals when needed for mental competency evaluations either through forensics staff of the Georgia Department of Behavioral Health or other clinician licensed in the State of Georgia to perform such evaluations</p>	Manual	<p>requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Title(s) of the attachment(s) _____</p> <p>Relevant Page Number(s) _____</p>
<p>Certification Requirement 5c: The court shall provide evidence that a defense attorney is being made available for an indigent defendant.⁵</p>	Policy and Procedure Manual	<p>Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Title(s) of the attachment(s) _____</p> <p>Relevant Page Number(s) _____</p>
<p>Essential Element #6: Mental health courts connect participants to comprehensive and individualized treatment supports and services in the community. They strive to use and increase the availability of treatment and services that are evidence-based.</p>		
<p>Benchmarks 6.1 – 6.6: Mental health court teams should develop access to an array of services in the community including medical and mental health services, substance abuse treatment, housing and benefits referrals, peer supports and case management. A core required list of treatment services is identified in the mental health court treatment standards document approved by the Judicial Council of Georgia. Given varied available resources in jurisdictions across the state, each mental health court shall offer the core listed services, but should strive to access and connect with other services in the community when available. Given the high prevalence of mentally ill offenders with co-occurring substance abuse disorders, efforts should be made to develop access to substance abuse treatment providers in an effort to have integrated treatment of both</p>		

⁵ Defense attorney should advise the defendant on mental health court program participation requirements, program enrollment decisions, legal and constitutional rights on plea decisions and for hearings where sanctions or program dismissal issues are addressed.

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
<p>the mental health and substance abuse issues. As to participants with a co-occurring substance abuse issue, drug testing according to standard 5 of the adult drug court standards should be implemented. Cultural competency training for team members should be provided and gender specific services developed where available. Case management services should be provided in order to connect participants with services and to assist in monitoring treatment plan compliance.</p>		
<p>Certification Requirement 6a: Detail the services offered and available to a mental health court participant. Possible services may include but are not limited to:</p> <ol style="list-style-type: none"> 1. Group counseling 2. Individual counseling 3. Drug testing 4. Psychosocial rehabilitation 5. Family support 6. Medication management 7. Other (please describe) <p>Notes: Treatment services provided and available to mental health court participants should be in compliance with the mental health court treatment standards list approved by the Judicial Council of Georgia.</p>	<p>Policy and Procedure Manual, Participant Handbook</p>	<p>Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____</p>
<p>Certification Requirement 6b: The court shall maintain a case management services plan.</p> <p>Notes: Verification of a case management services plan, whether delivered through probation staff, community services provider or court staff members shall be provided with a listing of the array of services provided in a written narrative</p>	<p>Policy and Procedure Manual</p>	<p>Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____</p>

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
form outlining which entity or agency provides particular services.		
Certification Requirement 6c: Detail the community services linkages available to a mental health court participant. Possible services may include but are not limited to: <ol style="list-style-type: none"> 1. Employment counseling and assistance 2. Educational component 3. Medical and dental care 4. Transportation 5. Housing 6. Mentoring and alumni groups 7. Assistance with government funded/community based assistance programs 8. Other (please describe) 	Policy and Procedure Manual, Participant Handbook	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Certification Requirement 6d: A written listing of treatment service and case management service providers shall be kept on file with the mental health treatment court.	Policy and Procedure Manual, Copy of Provider List	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Certification Requirement 6e: The court shall outline the drug testing procedures and protocols for offenders with co-occurring substance abuse issues and drug test data shall be submitted in compliance with mental health courts standard 10.5.	Policy and Procedure Manual	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Essential Element #7: Health and legal information should be shared in a way that protects potential participants' confidentiality rights as mental health consumers and their constitutional rights as defendants. Information gathered as part of the participants' court-ordered treatment program or services should be safeguarded in the event that participants are returned to traditional court processing.		

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
Benchmarks 7.1 – 7.4: When collecting and sharing mental health court participants’ mental health and substance abuse information and treatment plans, team members shall respect the sensitivity of such information and comply with federal and state laws that protect the confidentiality of medical, mental health and substance abuse treatment records. Mental health courts shall have in place a well-designed procedure governing the release and exchange of such information and the need to respect confidentiality, with appropriate release of information forms which are knowingly and voluntarily executed by the participant. The defendant should have the opportunity to review and seek advice from counsel if he/she has any questions about such release forms, and these forms shall only be executed while in a state of current mental competency. Discussions of a defendant’s mental illness should be minimized in the open, public courtroom in order to mitigate any stigma to the participant. More sensitive, yet necessary, discussions of treatment issues should be conducted in the staffing sessions. Program referral information should be kept in a secure location in order to minimize the possibility of stigma. Whenever possible and to the extent allowed by law, clinical documents and medical records should be kept in a separate clinical file separate from the public criminal case file, again to avoid chilling the prospects of a potential defendant seeking needed treatment.		
Certification Requirement 7a: The written policy and procedures manual shall contain a confidentiality of records and clinical information protocol that is to be followed.	Policy and Procedure Manual	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Certification Requirement 7b: The court shall maintain a letter from the presiding mental health court judge that discussions of sensitive treatment and clinical information shall be minimized in the public courtroom. Notes: This will minimize the risks of stigma to the defendant and possible re-traumatization of the defendant who might be being treated for prior physical or emotional trauma.	Copy of Letter by Presiding Judge	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Certification Requirement 7c: The court shall maintain release of information and consent	Policy and Procedure Manual, Copy of Forms	Is there an attachment(s) to support this

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
forms. Notes: The forms shall comply with appropriate state and federal laws regarding confidentiality of medical records, alcohol/substance abuse treatment records and mental health records (examples include Title 42 part 2 of the Code of Federal Regulations, 42 USC 290 dd (3) and the Health Insurance Portability and Accountability Act of 1996 “HIPAA”).		requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Certification Requirement 7d: The court shall maintain a letter from the program coordinator that, to the extent allowed by law, the clinical, medical and treatment records of a mental health court participant are kept in a separate clinical file, not in the public Clerk of Court criminal case file.	Policy and Procedure Manual, Copy of Program Coordinator Letter	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Essential Element #8: A team of criminal justice and mental health staff and service and treatment providers receives special, ongoing training and helps mental health court participants achieve treatment and criminal justice goals by regularly reviewing and revising the court process.		
Benchmarks 8.1 – 8.5: The mental health court program is made up of a collaborative team of staff from the court and other agencies with a direct role in the participant’s entrance into and progress through the program. These roles include screenings and assessments, supervision, provision of treatment services, case management and planning. While the makeup of the individual team members will vary between jurisdictions, these typically include: a judge; a coordinator; prosecuting attorney; defense attorney; a case manager and/or a clinician; and a probation or supervision officer. The judge is a central figure in the overall guidance and direction of the mental health court program members, and works to foster collaboration and working relationships among the team members. There should be ongoing efforts to cross-train team members across		

Certification Process Application for Georgia Accountability Courts – Adult Mental Health Court Programs

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
disciplines, such that clinical team members are trained on criminal justice issues and court staff members are trained on mental health and substance abuse clinical issues. Periodically, court team members and advisory group members should review data and outcomes with discussions on program and process modifications and improvements.		
Certification Requirement 8a: The court shall maintain a list of all mental health court team members and their roles.	Policy and Procedure Manual, List of Team Members and Roles	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Certification Requirement 8b: The court shall have in place a formal education and training process for mental health court team members. Notes: Team members should attend ongoing training sessions provided by or approved for accountability court team members by either ICJE of Georgia, Georgia ICLE, the Georgia Accountability Courts Funding Committee, the Judicial Council of Georgia's Accountability Courts committee or approved national or in-house training across disciplines as approved by the Judicial Council of Georgia.	Policy and Procedure Manual, Education and Training Plan/Process/Documents	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Essential Element #9: Criminal justice and mental health staff collaboratively monitor participants' adherence to court conditions, offer individualized graduated incentives and sanctions, and modify treatment as necessary to promote public safety and participants' recovery.		
Benchmarks 9.1 – 9.7: The mental health court judge is to receive regular reports on the defendant's compliance with court ordered conditions, whether this is done by a probation officer, supervision officer, case manager or court appointed staff member. Such conditions will include compliance with mental health treatment and medication therapy requirements, attendance at counseling and group meetings, abstinence from and testing for drug		

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
<p>and alcohol use, and other court ordered conditions. Multi-discipline case staffing meetings should occur regularly to review the progress and compliance of each mental health court participant. Status review hearings in a public courtroom should occur periodically to review program adherence, sanction events of non-compliance with program requirements and to ensure interaction between the participant, the judge and other court team members. A mental health court division should hold court hearings at least once a month for misdemeanor programs and at least twice a month for felony programs.</p> <p>As compared to drug courts, incentives and sanctions in a mental health court program will be more individualized based on the defendant's diagnosis, level of function and other issues. Any incentives and sanctions that may have clinical implications, such as the frequency of counseling or treatment modifications, should be imposed with great care with input from the clinician and mental health and substance abuse treatment professionals.</p> <p>In the event sanctions are necessary, the manner and nature of sanctions shall be explained to a participant prior to enrollment into the program. The court should use graduated sanctions that are individualized to maximize adherence to the defendant's conditions of release. When a participant progressively moves through phases of the mental health court program, good behavior and progress should be rewarded by incentives, praise and recognition in the public hearing setting. Courts should develop a menu of possible incentives that is at least as broad as the range of available sanctions. There shall be no indefinite time periods for sanctions, including those sanctions involving detention or incarceration.</p>		
<p>Certification Requirement 9a: Ensure the court can indicate each team member participates in regular, periodic staffing and public status review hearings.</p> <p>Notes: Each mental health court participant's case should be staffed by the multi-discipline court team and a public status review hearing should be held on a periodic basis in order to monitor compliance with the court-ordered conditions. These staffing and reviews shall occur at least monthly in the early stages of the defendant's participation and while held</p>	<p>Policy and Procedure Manual, Coordinator Updates, Case Management Tools, Etc.</p>	<p>Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____</p>

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
less frequently as the defendant progresses through the program, shall continue to occur periodically to ensure compliance.		
Certification Requirement 9b: The court shall maintain a list of categories of possible incentives and sanctions that can be tailored to fit the individual participant's case plan.	Policy and Procedure Manual, Participant Handbook, Incentives and Sanctions List	Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Title(s) of the attachment(s) _____ Relevant Page Number(s) _____
Essential Element #10: Data are collected and analyzed to demonstrate the impact of the mental health court, its performance is assessed periodically (and procedures are modified accordingly), court processes are institutionalized, and support for the court in the community is cultivated and expanded.		
<p>Benchmarks 10.1 – 10.5:</p> <p>In order to evaluate and sustain the mental health court program, the courts shall collect and evaluate performance measures and outcome data. These data points will consist of objective points such as numbers of program candidates screened and accepted into the program, recidivism and re-arrest numbers, drug and alcohol test outcomes, and re-admissions to state hospitals and crisis stabilization units. Further data points are listed in Judicial Council standards benchmark 10.5 and subparagraphs. Additionally, quantitative data should be complemented with subjective program evaluations from staff and participants.</p> <p>The court shall compile and update its policies and procedures in a written manual in order to institutionalize the processes and to help mitigate impacts of staff turnover on the court's functions.</p> <p>On an ongoing basis, court teams and advisory group members should work with state and local governing authorities, community resources, foundations and agencies to identify funding sources and sustainability. The court team should endeavor to reach out to the community through educational efforts to make the media, community leadership, civic organizations and citizens aware of the existence and impact of the mental health court program in the community.</p>		
Certification Requirement 10a: The court must have in place	Policy and Procedure	Is there an attachment(s) to support this

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
<p>a written policies and procedures manual which includes but is not limited to:</p> <ol style="list-style-type: none"> 1. Court program's history <input type="checkbox"/> 2. Court's goals <input type="checkbox"/> 3. Eligibility requirements <input type="checkbox"/> 4. Information sharing protocols and copies of release of information forms <input type="checkbox"/> 5. Referral and screening procedures <input type="checkbox"/> 6. Treatment resources <input type="checkbox"/> 7. Categories of possible incentives and sanctions <input type="checkbox"/> 8. Current listing of all key court team and advisory group members <input type="checkbox"/> 	Manual	<p>requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Title(s) of the attachment(s) _____</p> <p>Relevant Page Number(s) _____</p>
<p>Certification Requirement 10b: The court shall outline and maintain a data collection protocol.</p> <p>Notes: The protocol shall be designed to capture the data points outlined in Judicial Council standard benchmark 10.5 and subparagraphs.</p>	Policy and Procedure Manual	<p>Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Title(s) of the attachment(s) _____</p> <p>Relevant Page Number(s) _____</p>
<p>Certification Requirement 10c: The court shall outline a process to have at least an annual review of objective data and subjective participant and staff surveys by the mental health court team and advisory group in order to evaluate any needed program and policy modifications.</p>	Policy and Procedure Manual	<p>Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Title(s) of the attachment(s) _____</p> <p>Relevant Page Number(s) _____</p>
<p>Element 10 Suggested Practice: The team should outline a policy for sharing mental health court program information with the media, local officials, the</p>	Policy and Procedure Manual	<p>Is there an attachment(s) to support this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Title(s) of the attachment(s) _____</p>

Essential Elements Standards Benchmarks Certification Requirement	Suggested Location, if any	Documentation
<p>community, and other stakeholders.</p> <p>Notes: The court team should notify the media about program progress in order to better inform the citizens about the mental health court program. Community outreach, in the form of meeting with government officials, community groups and civic organizations in order to share information about the needs of the program participants and their successes is encouraged to foster community awareness and program sustainability.</p>		<p>Relevant Page Number(s) _____</p>

Peer Review Table of Contents

The peer review documents/tools were created based on the Adult Felony Drug Court Standards, adopted September 2012 and Adult Felony Drug Court certification application and requirements, currently being recommended for adoption. Once the tools are adopted, this same template will be used to create similar peer review documents/tools for all other court divisions, with minor adjustments as necessary.

1. Drug Court Peer Review Process

This document gives the general background and overview of how the peer review process will work for Georgia Drug Courts.

2. Peer Review Fidelity Assessment Protocol

This document outlines the steps that a peer reviewer should take once assigned a location to peer review. It guides the reviewer from the day of assignment, through the peer review process, and the follow up process once the review is complete.

3. Peer Review Tasks and Checklist

This list guides the peer reviewer through the peer review process and highlights important steps and materials. It also contains a checklist to record if the court is following standards and best practices. Where appropriate, it connects the steps to the associated standards and certification requirements.

4. Peer Review Cover Page

This document acts as the cover page for the peer review process. It will be sent to the court prior to the peer review and returned to the reviewer to aid in planning and preparation.

5. Certifications Not Covered in the GA Best Practices Table

This document lists Georgia certification requirements that are not included in the table from document 3, Peer Review Tasks.

6. Northwest Professional Consortium (NPC) Adult Drug Court Assessment Survey

This is a sample of NPC's online survey, this survey, modified as necessary, will be sent to the Drug Court prior to the peer review to answer preliminary background questions.

7. Treatment Definitions – Online Survey Question 33

This document accompanies the survey and defines the treatment tools that are used in question 33 of the NPC Adult Drug Court Assessment Survey.

8. Questions for Team Members

This is a list of *suggested* questions the peer reviewer can ask the various drug court team members during on site or phone interviews. It is sorted by drug court role. Associated standards and certification requirements are listed where appropriate.

9. Team Meeting Observation Protocol Checklist

This checklist can be used during staffing observation to guide the peer reviewer on important items to look for and record.

10. General Courtroom Environment Observation Protocol

This checklist can be used during status hearings to guide the peer reviewer on important items to look for and record.

11. Drug Court Participant Focus Group/Interview Questions

The peer reviewer can use this guide during focus groups or interviews, if applicable, with drug court participants. It contains suggested questions for the most valuable feedback.

12. Peer Review Summary Report Template

This is a suggested format for the peer review summary report that the peer reviewer will fill out at the end of the peer review process. It contains a standard form with notes for the peer reviewer to make changes where appropriate.

13. Suggested Recommendations for Completing Peer Review Summary Report

This document can be used by the peer reviewer when creating the peer review summary report. It contains sample language for the reviewer to include in the report when they checked “no” to any of the certification requirements from document 3, Peer Review Tasks.

Drug Court Peer Review

As required by statute¹, The Judicial Council of Georgia (Council) and the Administrative Office of the Courts (AOC) are working with NPC Research (NPC) to develop a peer review process to assist in the alignment of Georgia drug court programs with state standards. These standards are research-based, organized on the foundation of the 10 Key Components of Drug Courts, and include guidelines for policies and practices that will help ensure that our programs increase access to treatment and other needed services, reduce recidivism, and are cost effective.

What's the purpose?

The peer review process is intended to create a learning community in Georgia among drug court teams. The idea is for peers to help each other identify ideas for program improvements and share successes and challenges. This will allow Georgia's drug court community access to information and support at a low administrative cost while building relationships between programs. It will also provide important information to the Council about areas of needed technical assistance and training, and how to focus those resources most effectively.

How does it work?

Individuals who are involved in a drug court² will assess another program and provide feedback about that program's alignment with Georgia drug court standards. Each court will submit a certification application to ensure adherence to state standards. Peer review efforts will be guided by results of the certification process. Peer review teams will focus initial efforts on provisionally certified courts to bring those programs to a fully certified status. Peer review of fully certified courts will follow. The peers will be trained³ in how to conduct the assessment, including an in-person visit to the other program, and compile the information into a simple report that includes suggestions and resource ideas. In turn, the peer will have the opportunity to learn about innovative and successful practices that have been implemented in another program.

The main activities involved in the peer review process include:

- Online survey about program characteristics, policies, and procedures completed by the program being reviewed.
- One to two day site visit, or desk audit, where peers review staffing and court hearings, interview team members and partner agency staff, talk with program participants, and review program documents.
- On-site debrief of assessment findings.
- Summary report of feedback, including a table of treatment court standards and which ones the program is meeting, recommendations for program improvement, documentation of innovative/successful practices to share with other programs, and requests for future training or resources.

¹ O.C.G.A. § 15-1-15

² Including, but not limited to, judges, coordinators, treatment personnel, and AOC staff

³ With assistance from AOC and NPC Research

What is the Timeline?

The peer review process and the associated documents are draft products. Between now and July 1, 2013 there will be further review and edits based on comments from the Accountability Courts Committee and the Judicial Council. NPC Research will continue to provide assistance in the form of document creation and edits, as well as training for peer reviewers. The following timeline highlights major events in peer review process and tool creation.

May 22, 2013 – Final vote from Accountability Courts Committee

June, 2013 – Final vote from Judicial Council

July 1, 2013 – Certification and Peer Review process begin

Who participates?

All programs will be expected to participate in the review process, allowing peers to visit and conduct the assessment. A review will be planned for each program every 3 years, with programs needing more support receiving additional assistance. The Council recommends creating regional peer review teams consisting of a judge, treatment or clinical staff, AOC staff, and others as appropriate.



Georgia Drug Courts Peer Review Process

Peer Review Fidelity Assessment Protocol

- Peer review teams should consist of a judge, treatment provider, coordinator, and an AOC staff member. Additionally, regional teams should be identified to reduce travel expenses and impact on reviewers' home jurisdictions.

*** State staff will request your assistance as a peer reviewer for a specific program.**

- State coordinator or other AOC staff will contact the program (coordinator, judge, or other key contacts) to let them know the peer review will occur and who the peer reviewer or team is.
- State coordinator/AOC staff will let you (as peer reviewer) know when that contact has been made.

***As soon as possible after site assignment:**

- Make first contact call to the Drug Court Coordinator of the court to be visited.
 - Discuss collaborative nature of assessment/review & tentative timeline
 - Ask for coordinator to fill out cover page (address information, overview of program, list of team members and contact information).
 - Email cover page to coordinator and ask for it to be filled out as soon as possible and returned to you, or ask the coordinator for that information on the phone.
 - Get information about program's leadership structure and if there is anyone you should make sure to talk to in advance or at the site visit (such as Trial Court Administrator).
 - If so, make sure to contact that person: what does he/she want to get out of the review process?
 - Work with Coordinator or other contact person to schedule site visit (allowing at least 30 days advance notice) – advance coordination and cooperation should allow for 1 day on site, but in some cases 2 days may be necessary, plus travel. Block out an extra half day after the visit to complete the report.
 - Find out when court session and team staffing /meetings take place.
 - Explain that team members need to be available during your visit if they would like to be interviewed in person; otherwise you can interview them by phone.
 - Make sure to have dedicated times to meet with the coordinator and judge, separately.
 - Send the Coordinator a calendar (to take to a team meeting) once the site visit is scheduled indicating when you will be there, when the observations will be, and providing times available for scheduling individual interviews (be sure to include time for breaks and lunch on the calendar).
 - Try to schedule interviews/meetings with team members before the staffing and court session so that the debrief can be after court, which might make it more feasible for the team to stay/be there.
 - Set up a time for an exit interview with Coordinator and/or team on last day of visit if possible (or by phone after visit if necessary).
 - It may be hard to schedule the entire team, but try to find a time that is feasible for as many people who are interested as

possible. Bring in food if resources allow, especially if you are meeting early morning or late evening

- Discuss the best way, time, and location for you to talk to a group of program participants for a focus group.
 - Ask program to provide some incentive for the participants to attend – food, gift card, certificate of participation, etc.
- Ask where you plan to conduct your individual interviews (team members should come to you if possible) and ask Coordinator to reserve space for you.
- Ask for Court location / address where you will be meeting and recommendations for nearby hotels if applicable.
- Schedule a separate time for a pre-site visit conference call with the Coordinator if you can't get to the program information questions on this call.

*** 1 month prior to visit**

- Send link to the on-line assessment to the Drug Court Coordinator as well as the Question 25 reference guide (this document provides information about how to answer the treatment question on the assessment).
 - Set a date for getting the survey back about 2 weeks from when you send it.
- Follow-up with coordinator to get the cover page information if you haven't received it.
- Set up any necessary travel arrangements (flights, car rental, hotel, etc.).

***3 weeks before visit:**

- Send a reminder e-mail to the Coordinator of the due date for the online assessment.

*** 2 weeks before visit:**

- Ask NPC to download completed assessment and peer review materials.
- Review the assessment from the on-line survey, checking off standards that are achieved based on survey responses and drafting a preliminary list of recommendations.
- Create a list of questions or needed clarifications.
- Call Coordinator to clarify information in the assessment.
- Remind the Coordinator that the intention of this review is to identify areas in which technical assistance or other support can be provided to improve the program, NOT to punish the site or only point out areas in which they are deficient.

***At least 1 week before visit:**

- Confirm plans with the Coordinator and finalize your itinerary.

To bring with you:

- Pens/pencils for taking notes, or laptop if preferred; an audio recorder can also be helpful (make sure to get advance permission to bring it into the court and interviews).
- Business cards/bio/your contact information.
- Assessment questions and answers from site.
- In-progress checklist and draft recommendations to date.
- Observation forms (hard copy or electronic).

- Addresses of places you are going (hotel, meetings, court, etc.).
- List of team members and contact information.

At the site

- Team member interviews (frame questions related to issues from the assessment or that team brought up on phone and share recommendations and/or thoughts to prepare team for report).
- Observations of staffing and court session.
- Interviews or focus group with participants.
- Debrief findings with Coordinator/team members: make sure to highlight positives and be complementary. Be careful not to be too critical. While you can highlight recommendations and areas of possible improvement, it is not your role to ensure compliance or enforcement of the Guidelines and Standards.

Back Home

- Plan to spend half a day immediately after the visit to complete the paperwork.
- Finalize the checklist, summarize program highlights and successes, list recommendations.
 - Keep in mind that some sites have barriers outside of the program's control that make it unable to meet a Standard.
- Send summary of review to program for feedback and provide deadline for them to respond/comment (approximately 2 weeks).
- Submit revised summary of feedback with any program comments to State.



Georgia Adult Drug Courts Peer Review Process

Peer Review Tasks:

- ❑ 1. Contact site/coordinator and schedule site visit (see details in procedures document).
- ❑ 2. Ask program to complete cover page (send to coordinator) and online assessment (Georgia Adult Drug Court Review).
 - Review questions and complete checklist below, using scoring guidelines from standards map document.
- ❑ 3. Clarify information (interview coordinator or other team member(s) as needed) that isn't clear on, or is missing from, survey.
- ❑ 4. Ask coordinator if policy and procedures manual (or other program document) specifies program eligibility criteria and exclusions. – [GS 1.5, 3.1 & Cert #1.3]
 - Ask for a copy of the policy and procedures manual (electronic if possible, or ask to review when on site)
- ❑ 5. Ask coordinator for list of program's sanctions and incentives/rewards (to compile at state level). – [GS 6.1, 6.2, 6.4, 6.5, 6.6 & Cert #1.3, #6.1a, #6.1b, #6.6]
- ❑ 6. Interview judge, coordinator, and other team members about their perception of the program (see sample questions).
- ❑ 7. Interview treatment provider about services. – [GS 1.9, 1.11, 4.9 & Cert #1.10, #4.4, #4.6]
- ❑ 8. Observe staffing (look for judge playing leadership role on team, decisions about and ratio of incentives/rewards to sanctions, differentiation between sanctions and treatment responses). – [GS 1.2, 1.6, 1.7, 1.10 & Cert #1.11, #7.4]
- ❑ 9. Observe drug court session (look for judge playing leadership role on team, quality of interaction between judge and participants, interaction between team members, time each participant spends in front of judge, implementation of rewards and sanctions). – [GS 7.8, 7.9]
- ❑ 10. Talk with participants, either individually or in a group, about their perception of the program, including strengths, barriers, and suggestions; amount of fees and feasibility of paying them, size of treatment groups, drug testing pattern, whether they received a participant handbook, ratio of positive to negative feedback program uses, graduation requirements, does the program ask for their feedback, etc. – [GS 2.6, 2.8, 2.11, 2.12, 3.7, 4.7, 5.2, 5.4, 8.1, 8.4 & Cert #8.1]
- ❑ 11. Review and update peer review checklist (list of standards achieved) based on new information learned from site visit. Provide copy to program at the end of the visit (usually during exit interview) before leaving the site.
- ❑ 12. Complete peer review summary report (see report template) and send to program and state office within 2 weeks of the end of the site visit.

Peer Review Checklist:

The following table includes a list of the best practices related to Georgia's Adult Drug Court Standards to include during your peer review process. Based on the online survey results, the items are marked as "yes" if the program has this practice and "no" if the program has not implemented this practice. *Please note that for efficiency, this list includes most, but not all, of the Standards and there is a particular focus on practices addressed in the certification process.* Many of the Standards have one associated practice (one row or check box), but several standards are related to multiple practices (and show up in multiple rows of the table). The numbers in [brackets] are the Standard numbers and the certification numbers, for easier cross-referencing. Please see the sample recommendations document for sample language for providing suggestions to the programs, as well as the report summary template for an outline of how to write up your findings. Items related to certification are high priority for inclusion in the written summary. Feel free to take notes on a separate page as needed. Please leave a copy with the program at the end of the visit before leaving the site. If you conduct an exit interview or closing meeting with the team, copies can be made of the checklist to distribute to attendees.

Peer reviewer: Complete and leave copy of checklist with program at end of visit

Program: This is a preliminary report of findings – full report to follow

Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.	Is the program performing this practice?
Law enforcement is a member of the drug court team – [GS 1.2]	Yes
All key team members attend staffing (Judge, prosecutor, defense attorney, treatment, program coordinator, and probation) – [GS 1.2, 1.7 & Cert #1.7, #7.4]	Yes
The defense attorney attends drug court team meetings (staffings) – [GS 1.2, 1.7 & Cert #1.7]	Yes
A representative from treatment attends drug court team meetings (staffings) – [GS 1.2, 1.7 & Cert #1.7]	Yes
Coordinator attends drug court team meetings (staffings) – [GS 1.2, 1.7 & Cert #1.7]	Yes
Law enforcement attends drug court team meetings (staffings) – [GS 1.2, 1.7 & Cert #1.7]	Yes
All key team members attend court sessions/status review hearings (Judge, prosecutor, defense attorney, treatment, program coordinator, and probation) – [GS 1.2, 1.8]	Yes
A representative from treatment attends court sessions (status review hearings) – [GS 1.2, 1.8]	Yes
Law Enforcement attends court sessions (status review hearings) – [GS 1.2, 1.8]	Yes
Treatment communicates with court via email – [GS 1.11 & Cert #1.11]	Yes
Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.	
A prosecuting attorney is part of the drug court team – [GS 1.2, 2.1 & Cert #2.1]	Yes
A defense attorney is part of the drug court team – [GS 1.2, 2.1 & Cert #2.1]	Yes

Attorneys on the drug court team attend staffing meetings and court sessions – [GS 1.2, 1.7, 1.8 & Cert #2.1]	Yes
Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.	
The time between arrest and program entry is 50 days or less– [GS 3.6, 3.7 & Cert #3.5]	Yes
Current program caseload is less than 125 – [GS 3.9]	Yes
Program capacity (number of individuals actually participating at any one time) is less than 125 – [GS 3.9]	Yes
Key Component #4: Drug courts provide access to a continuum of alcohol, drug and other treatment and rehabilitation services.	
The drug court works with two or fewer treatment agencies - [GS 1.10 and Cert #1.10]	Yes
The drug court has guidelines on the frequency of individual treatment sessions that a participant must receive – [GS 1.9, 4.7]	Yes
The drug court offers gender specific services – [GS 4.5 & Cert #1.10, #4.4, #4.6]	Yes
The drug court offers mental health treatment– [GS 4.5 & Cert #1.10, #4.4, #4.6]	Yes
The drug court offers parenting classes – [Cert #1.10]	Yes
The drug court offers family/domestic relations counseling – [GS 4.5 & Cert #1.10, #4.4, #4.6]	Yes
The drug court offers residential treatment – [Cert#1.10, #4.4, #4.6]	Yes
The drug court offers health care – [GS 4.6 & Cert #1.10 , #4.4, #4.6]	Yes
The drug court offers dental care– [GS 4.6 & Cert #1.10 #4.4, #4.6]	Yes
The minimum length of the drug court program is 12 months or more – [GS 4.1, 4.2 & Cert #4.1]	Yes
Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing.	
Drug test results are back in 2 days or less – [GS 5.5 & Cert #5.5]	Yes
In the first phase of drug court, drug tests are collected at least 2 times per week– [GS 5.1 & Cert #5.1, #5.2]	Yes
Participants are expected to have greater than 90 days clean (negative drug tests) before graduation – [GS 5.7 & Cert #5.7]	Yes
Key Component #6: A coordinated strategy governs drug court responses to participants' compliance.	
Sanctions are imposed immediately after non-compliant behavior. (e.g., Drug court will impose sanctions in advance of a client's regularly scheduled court hearing.) – [GS 6.4 & Cert #6.1(a)]	Yes
Team members are given a copy of the guidelines for sanctions – [GS 6.1, 6.6 & Cert #1.3, #6.1(a), #6.6]	Yes
In order to graduate participants must have a job or be in school	Yes
In order to graduate participants must have a sober housing environment	Yes
In order to graduate participants must have pay all court-ordered fines and fees (e.g., fines, restitution)	Yes
Participants are required to pay court fees	Yes
March 2013	3

Comment [SC1]: Yellow highlights indicate research based best practices that do not exist in the standards or certifications.

The drug court reports that the typical length of jail sanctions is 2 weeks or less.	Yes
Key Component #7: Ongoing judicial interaction with each participant is essential.	
Participants have status review sessions at least every two weeks in first phase – [GS 7.6]	Yes
Judge spends an average of 3 minutes or greater per participant during status review hearings – [GS 7.9]	Yes
The judge's term is indefinite – [GS 7.1]	Yes
The judge was assigned to drug court on a voluntary basis – [GS 7.1]	Yes
Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.	
The results of program evaluations have led to modifications in drug court operations – [GS 8.3, 8.4]	Yes
Review of the data and/or regular reporting of program statistics has led to modifications in drug court operations – [GS 8.2, 8.4, 8.5, 8.7 & Cert #8.1, #8.2, #8.7]	Yes
Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.	
All new hires to the drug court complete a formal training or orientation – [GS 9.1, 9.2, 9.7 & Cert #9.1]	Yes
Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.	
The drug court has a steering committee that includes community members – [GS 10.2, 10.4 & Cert #10.2]	Yes
Additional Questions – All courts	
Is there a Memorandum of Understanding (MOU) in place between the drug court team members (and/or the associated agencies)?- [GS 1.4],	Yes
Is there a written policy and procedure manual for your drug court program? – [GS 1.1, 1.3, & Cert #1.1, #1.3, #2.1, #2.2]	Yes
Has your drug court program formed an independent 501(c)(3) or other non-profit organization? – [GS 10.3]	Yes
Are participants given a participant handbook upon entering the program? – [GS 2.6]	Yes
The drug court has a steering or advisory committee that meets quarterly – [GS 10.2, 10.4]	Yes
Drug court participants are required to meet with case management personnel at least once a week during phase 1 - [GS 1.12]	Yes
Drug court staff members receive ongoing cultural competency training – [GS 10.5]	Yes
Additional Questions – Adult, DUI or Family Drug Courts	
Do you have access to Veterans' services or funding for your participants? (adult only)	N/A
Do you work directly with any Veterans' services agencies? (adult only)	Yes, but not a Veterans' Court

|

Do you provide transportation services (bus passes, shuttle service, etc.) to participants? (DUI only)	Yes
Do you provide any services specifically for children of participants in your program? (family only)	Yes

DRAFT

Georgia Adult Drug Courts Peer Review Process

Site Visit Preparation Page



Peer Review Cover Page *(for program to complete one month prior to site visit)*

Name of Program: _____

Mailing Address: _____

Physical Address of Coordinator's Office (if different):

Date of Site Visit: *(filled in by peer reviewer)* _____

Any special information regarding directions to the site?

At intake, participants are:

- ☐ Post-plea/pre-sentence
- ☐ Post-sentence (conditions of probation)
- ☐ Probation violations

This program began in: _____ (year)

How many participants are currently active? _____

County population size:

Primary communities / population (describe any key demographics):

Day/time of staffing(s):

Day/time of court session(s)/hearing(s):

Suggestions for where to stay (lodging)?

Suggestions for where to eat?

Georgia Adult Drug Courts Peer Review Process

Site Visit Preparation Page



Any primary concerns or requests that we cover in the review/visit?

Any important information we should know about your program before we arrive? (anything that may be unique or important to understand about the services you provide or the challenges you face, e.g., demographics of participants, cultural context of program/community, etc.)

Team Members: (or attach contact list to this page)

Judge/Magistrate:

Phone number:

Email address:

Law Enforcement Representative:

Phone number:

Email address:

Coordinator:

Phone number:

Email address:

Case Manager(s):

Phone number:

Email address:

Treatment Provider(s):

Phone number:

Email address:

Probation Officer:

Phone number:

Email address:

Prosecutor:

Phone number:

Email address:

Other team member(s):

Phone number:

Email address:

Defense Attorney:

Phone number:

Email address:

Other team member(s):

Phone number:

Email address:

(revise or add team member information as needed)

** Please fill out the online survey located at this link by _____ (date):

<https://www.surveymonkey.com/GeorgiaDCreview>

Certifications not covered in the GA Best Practices Table (Mandatory Requirements only)

Certification Requirement 1.1:

Ensure both the names and organizational affiliation of the drug court advisory committee, or those persons who are responsible for the ongoing planning of the problem-solving court, clearly listed. (May be constituted by representatives of the Accountability Court team, although it is recommended to include community partners and evaluation expertise.)

Certification Requirement 1.3:

Ensure the problem-solving court program has each of the following documentation:

1. Written Mission Statement ☐
2. Written Program Goals ☐
3. Written Eligibility Requirements ☐
4. Written Operating Procedures ☐
5. Written Urine Testing Procedures ☐
6. Written Guidelines for Placement Levels ☐
7. Written Incentive/Sanction Guidelines ☐

Certification Requirement 1.10:

There should be clear documentation that identifies ancillary services, how participants access such services as well as the process by which they are delivered to participants.

Certification Requirement 2.1:

Is there evidence that both the prosecutor and defense counsel are part of the drug court team and participate in the design of the following:

1. Screening policy and procedures ☐
2. Eligibility policies and procedures ☐
3. Case-processing policies and procedures ☐

Certification Requirement 2.7:

The policy and procedure manual should include a form that is used for participants prior to acceptance into drug court that demonstrates counsel was provided before agreement to participation.

Certification Requirement 3.4:

Data from a valid Risk/Need Assessment Instrument normed to an offender population.

While it is understood that drug courts will have a risk/need curve ranging from low to high, programs should be able to demonstrate that the “average or median” participant is within or above a low-moderate to moderate risk/need range.

Practices Based on NPC Research Findings		
<input type="checkbox"/>	<input type="checkbox"/>	In order to graduate participants must have a job or be in school
<input type="checkbox"/>	<input type="checkbox"/>	In order to graduate participants must have a sober housing environment
<input type="checkbox"/>	<input type="checkbox"/>	In order to graduate participants must have pay all court-ordered fines and fees (e.g., fines, restitution)
<input type="checkbox"/>	<input type="checkbox"/>	Participants are required to pay court fees
Practice Based on Georgia's Judicial Standards		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have access to Veterans' services or funding for your participants? (adult only)
<input type="checkbox"/>	<input type="checkbox"/>	Do you work directly with any Veterans' services agencies? (adult only)
<input type="checkbox"/>	<input type="checkbox"/>	Do you provide transportation services (bus passes, shuttle service, etc.) to participants? (DUI only)

Practices Based on NPC Research Findings		
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<input type="checkbox"/>	<input type="checkbox"/>	Do you provide any services specifically for children of participants in your program? (family drug court only)
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NPC Drug Court Assessment

Hello – Welcome to NPC's drug court assessment. The purpose of this assessment is to help your drug court team and NPC understand how your drug court is uniquely implementing the various practices that fall under the 10 Key Components of drug courts. The questions in this assessment will ask you for information about various procedures and practices of your drug court program and also about your participant population. It should take about one hour to complete.

Please answer every question. We would like you to fill out the assessment collaboratively with your team by going over the assessment as a group (e.g., in a team meeting) or in some way checking on answers with your team members.

In the process of filling out the assessment, you may log out and return to the link in your email at a later time to finish the assessment (as long as you use the same computer each time). Also, please be aware that on some pages you may need to scroll down in order to access all questions, and in order to click "Save and Continue" which moves you forward through the assessment.

All of the information obtained during this assessment is confidential. If you have any questions, feel free to contact Jennifer Aborn at aborn@npcresearch.com or Shannon Carey at carey@npcresearch.com. Thank you very much for taking the time to complete this assessment.

COURT CHARACTERISTICS

1. Please verify your program type.

- ☐ Adult Drug Court
- ☐ DUI/DWI Court
- ☐ Family Dependency Treatment Court
- ☐ Juvenile Drug Court
- ☐ Veterans Court
- ☐ Hybrid Court (specify your hybrid programs below)
- ☐ Other (specify your program(s) below)

Please specify hybrid programs or other program(s):

2. For the person filling out this assessment: please type your name, email address, and role in the drug court program. If you are not the coordinator, please provide the coordinator's email address as well.

3. Please provide us with the official name and address of your Drug Court program:

DRUG COURT NAME:

Address:

Address 2:

City/Town:

State:

ZIP:

4. Please list the names and roles of the other team members that will help you (or who you will check with) as you fill out this assessment. If you filled out the assessment on your own (with no help from other team members) please type "none."

5. When was your drug court program implemented?

Month (mm)

Year (yyyy)

6. Please give us your estimate of the average amount of months it takes for drug court participants to complete the program:

Months

7. Are your drug court participants (check all that apply):

	Yes	No
Pre-plea?	<input type="radio"/>	<input type="radio"/>
Post-plea/pre-conviction?	<input type="radio"/>	<input type="radio"/>
Post-conviction (e.g., referred from probation)?	<input type="radio"/>	<input type="radio"/>
Other?	<input type="radio"/>	<input type="radio"/>

Please specify other category:

DRUG COURT ELIGIBILITY AND REFERRAL

8. Are your drug court program eligibility requirements written?

- ☐ Yes
- ☐ No

9. If the eligibility requirements are written, are all agencies/individuals who can make referrals given a copy of the eligibility requirements?

- ☐ Yes, all referring agencies have them
- ☐ Most should have them
- ☐ Most do not have them
- ☐ Unsure
- ☐ Not applicable (there aren't written eligibility requirements)

10. What charges are eligible for program entry?

	Yes	No
Misdemeanors	<input type="radio"/>	<input type="radio"/>
Felonies	<input type="radio"/>	<input type="radio"/>
Drug Possession	<input type="radio"/>	<input type="radio"/>
Drug Trafficking	<input type="radio"/>	<input type="radio"/>
Driving under the influence	<input type="radio"/>	<input type="radio"/>
Property offenses	<input type="radio"/>	<input type="radio"/>
Prostitution	<input type="radio"/>	<input type="radio"/>
Forgery	<input type="radio"/>	<input type="radio"/>
Status offenses	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Please specify other charges eligible for program entry:

11. Do you have a specific target population?

- ☐ Yes
- ☐ No

If yes, please describe target population:

12. Please estimate what percentage of your participants are polysubstance users/abusers:

Percentage:

13. What is/are the drug(s) of choice of your participants? Please estimate the PERCENT of participants whose primary drug of choice is (percents should add to 100%):

Alcohol (%)	<input type="text"/>
Marijuana (%)	<input type="text"/>
Cocaine (%)	<input type="text"/>
Methamphetamine (%)	<input type="text"/>
Opiate/heroin (%)	<input type="text"/>
Opiate/prescriptions (%)	<input type="text"/>
Other prescriptions (%)	<input type="text"/>
Other (please specify drug and percentage):	<input type="text"/>
Other (please specify drug and percentage):	<input type="text"/>

14. Are participants screened for co-occurring mental disorders?

- ☐ Yes
- ☐ Sometimes
- ☐ No

15. Are participants screened for suicidal ideation?

- ☐ Yes
- ☐ Sometimes
- ☐ No

16. If participants are found to have co-occurring disorders, is mental health treatment required as part of their drug court-related treatment?

- ☐ Yes
- ☐ No
- ☐ Not applicable (e.g. clients with mental health disorders are not allowed in drug court)

Comments:

17. Must the participant be amenable to alcohol and drug treatment to be eligible for the program?

- ☐ Yes
- ☐ No

DRUG COURT ELIGIBILITY AND REFERRAL

18. Do you exclude offenders:

	Yes	No
With serious mental health issues?	<input type="radio"/>	<input type="radio"/>
Who do not admit to having a drug problem?	<input type="radio"/>	<input type="radio"/>
Who are dual-diagnosis but without serious mental health issues?	<input type="radio"/>	<input type="radio"/>
Who are on narcotic replacement therapy such as Methadone maintenance?	<input type="radio"/>	<input type="radio"/>
Who are using suboxone?	<input type="radio"/>	<input type="radio"/>
Who are currently using benzodiazepines?	<input type="radio"/>	<input type="radio"/>
Who are currently using prescription opiates for pain management issues?	<input type="radio"/>	<input type="radio"/>
Who have current felonies?	<input type="radio"/>	<input type="radio"/>
Who have prior felonies?	<input type="radio"/>	<input type="radio"/>
Who have no drug-related charges?	<input type="radio"/>	<input type="radio"/>
Who have current violence charges?	<input type="radio"/>	<input type="radio"/>
Who have prior violence convictions?	<input type="radio"/>	<input type="radio"/>
Who have current sales charges?	<input type="radio"/>	<input type="radio"/>

19. Do you use standardized assessments to determine whether an offender is *eligible* for your drug court?

- ☐ Yes
- ☐ No

If yes, which ones?

20. Does your program assess participants for risk (that is, their risk of not completing treatment or the program successfully)?

- ☐ Yes
- ☐ No

If yes, what risk assessment instrument do you use?

21. If you answered yes to question #20, do you use this information to determine eligibility or to determine level/type of services?

- ☐ Yes – to determine eligibility
- ☐ Yes - to determine type or level of service
- ☐ No

22. Does your program assess offenders to determine whether they are substance dependent or substance abusers?

☐ Yes

☐ No

23. Do you accept offenders who are drug dependent into your drug court?

☐ Yes

☐ No

24. Do you accept offenders who are drug abusers (but are not drug dependent) into your drug court?

☐ Yes

☐ No

25. Do you assess offenders for *suitability* (such as attitude and readiness-for-treatment) before allowing them to participate? [please note, these type of criteria do NOT include eligibility requirements based on scores from standardized assessments, like those referred to in question 19 above]

☐ Yes

☐ No

DRUG COURT ELIGIBILITY AND REFERRAL

26. Have you refused program entry to those who were considered unsuitable?

- ☐ Frequently
- ☐ Sometimes
- ☐ Rarely
- ☐ No, never have

DRUG COURT ELIGIBILITY AND REFERRAL

27. What is your estimate of the *typical length of time* between participant arrest and referral to the program?

- ☐ 0 to 7 days
- ☐ 8 to 14 days
- ☐ 15 to 30 days
- ☐ 31-60 days
- ☐ 61 + days

28. What is your estimate of the *typical length of time* between referral and program entry?

- ☐ 0 to 7 days
- ☐ 8 to 14 days
- ☐ 15 to 30 days
- ☐ 31-60 days
- ☐ 61 + days

SERVICES PROVIDED BY DRUG COURT

29. How many drug and alcohol treatment provider agencies work directly with your drug court?

- ☐ 1
- ☐ 2
- ☐ 3-5
- ☐ 6-10
- ☐ 11+

SERVICES PROVIDED BY DRUG COURT

30. If you use more than one treatment agency:

Yes

No

Does one agency provide treatment to the majority of the drug court participants?

☐☐

Does one agency coordinate or provide oversight of treatment for drug court participants at the other agencies?

☐☐

SERVICES PROVIDED BY DRUG COURT

31. Which of the following services are provided to drug court participants?

	Not offered to participants	Offered to participants but not required	Required for some participants	Required for all participants
Detox	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient individual treatment sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient group treatment sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender-specific treatment sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric services (e.g., testing, medication management, treatment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language-specific or cultural-specific programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-help meetings (e.g., AA or NA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal/perinatal program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger management/violence prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SERVICES PROVIDED BY DRUG COURT

32. Which of the following services are provided to drug court participants? (continued)

	Not offered to participants	Offered to participants but not required	Required for some participants	Required for all participants
Job training/vocational program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health education (AIDS/HIV, nutrition, life-skills, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/domestic relations counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GED/education assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing/homelessness assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs for substance dependance (e.g., Naltraxone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list any other services that are provided that we missed:

33. Which of the following types of treatment are provided to participants?

	Not offered to participants	Offered to participants but not required	Required for some participants	Required for all participants
Moral Reconation Therapy (MRT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living in Balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation Interviewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recovery Training and Self Help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TCU Mapping Enhanced Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twelve Step Facilitation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Reinforcement Approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contingency Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list any other types of treatment that are provided that we missed:

34. Do you have access to veterans' services or funding for your participants?

- ☐ Yes
- ☐ No
- ☐ N/A

35. Do you work directly with any Veterans services agencies?

- ☐ Yes
- ☐ No
- ☐ N/A

DRUG COURT TEAM

36. Please check off everyone that you consider to be a drug court team member:

- ☐ District Attorney/Prosecuting Attorney
- ☐ Public Defender/Defense Attorney
- ☐ Treatment provider(s)/counselor(s)
- ☐ Case Managers
- ☐ Judge
- ☐ Probation/Parole
- ☐ Drug Court Coordinator
- ☐ Law Enforcement
- ☐ Court Clerk
- ☐ Bailiff/Court Security
- ☐ Community Partners
- ☐ Other (please specify below)

Please specify other people you consider to be a drug court team member:

37. Is there a Memorandum of Understanding (MOU) in place between the drug court team members (and/or the associated agencies)?

- ☐ Yes
- ☐ No

38. Is there a written policy and procedure manual for your drug court program?

- ☐ Yes
- ☐ No

39. Does your drug court have regular meetings where participant progress is discussed (e.g., staffing or pre-court meetings)?

- ☐ Yes
- ☐ No

40. How often does your drug court have regular meetings where participant progress is discussed?

- ☐ Twice per week or more
- ☐ Once per week
- ☐ Twice per month
- ☐ Once per month
- ☐ Once per quarter
- ☐ Yearly

41. What is the average length of time of a typical meeting?

42. Please check how often the following people/agencies attend drug court meetings where participant progress is discussed:

	Always	Sometimes	Never	Not applicable - not a member of the team
District Attorney/Prosecuting Attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Defender/Defense Attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment provider(s)/counselor(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case managers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probation/Parole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Court Coordinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law Enforcement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court Clerk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bailiff/Court Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify the title(s) of any other people/agencies attending drug court team/staffing meetings:

DRUG COURT TEAM

43. Please check how often the following people/agencies attend drug court sessions (court appearances):

	Always	Sometimes	Never	Not applicable - not a member of the team
District Attorney/Prosecuting Attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Defender/Defense Attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment provider(s)/counselor(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case managers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probation/Parole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Court Coordinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law Enforcement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court Clerk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bailiff/Court Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify the title(s) of any other people/agencies attending drug court sessions:

44. Do you have a drug court *policy committee* meeting that meets separately from regular drug court team meetings (to discuss program-level policies or practices)?

- ☐ Yes
- ☐ No, policy issues are discussed at the same meetings where participant progress is discussed
- ☐ No

45. Do you have an advisory board or steering committee? (This is a group that meets at least annually and brings in people representing the community, including business community, faith community, social services/non-profits, other stakeholders or other people who may be able to promote sustainability, political support, and generate resources to meet participant needs. This group does not make program policies.)

- ☐ Yes
- ☐ No. Sustainability, community connections, and participant needs are discussed within the team at the same meetings where participant progress is discussed
- ☐ No

46. If yes, who participates on the advisory board or steering committee?

	Yes	No
Treatment representative	<input type="radio"/>	<input type="radio"/>
Probation/Parole representative	<input type="radio"/>	<input type="radio"/>
Drug Court Coordinator	<input type="radio"/>	<input type="radio"/>
Prosecution representative	<input type="radio"/>	<input type="radio"/>
Defense representative	<input type="radio"/>	<input type="radio"/>
Judge	<input type="radio"/>	<input type="radio"/>
Law enforcement representative	<input type="radio"/>	<input type="radio"/>
Housing Authority	<input type="radio"/>	<input type="radio"/>
Faith Community	<input type="radio"/>	<input type="radio"/>
Community Partners	<input type="radio"/>	<input type="radio"/>
Other (please specify)		

47. How often does your advisory board or steering committee meet?

- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☐ Annually
- ☐ Other (please specify):

48. Has your drug court program formed an independent 501(c)(3) or other non-profit organization?

- ☐ Yes
- ☐ No

DRUG COURT TEAM

49. Please indicate whether treatment providers communicate with the court in the following ways:

	Yes	No
Verbally in team meetings	<input type="radio"/>	<input type="radio"/>
Verbally during court sessions	<input type="radio"/>	<input type="radio"/>
Through written progress reports	<input type="radio"/>	<input type="radio"/>
Through email	<input type="radio"/>	<input type="radio"/>

Please specify other methods of communication:

50. Is the information from the treatment provider given to the court in a timely way (e.g., before the information is needed for a court session)?

- ☐ Always ☐ Sometimes ☐ Rarely ☐ Never

DRUG TESTING

51. Is drug testing performed in your court:

	Yes	No
For cause (e.g., client appears to be under the influence)?	<input type="radio"/>	<input type="radio"/>
On a random basis?	<input type="radio"/>	<input type="radio"/>
On a regular schedule (client is aware when testing will occur)?	<input type="radio"/>	<input type="radio"/>

If you use random drug testing, please describe the method you use to ensure that testing is random.

52. Please indicate whether or not the following types of drug and alcohol tests are used:

	Yes	No
Urine (UA or UDS): In-House Dipsticks	<input type="radio"/>	<input type="radio"/>
Urine (UA or UDS): Sent out to lab for testing	<input type="radio"/>	<input type="radio"/>
Urine (UA or UDS): In-House lab	<input type="radio"/>	<input type="radio"/>
Hair	<input type="radio"/>	<input type="radio"/>
Breath	<input type="radio"/>	<input type="radio"/>
Blood	<input type="radio"/>	<input type="radio"/>
Oral Swab	<input type="radio"/>	<input type="radio"/>
Sleep monitor	<input type="radio"/>	<input type="radio"/>
Bracelet/Tether (alcohol)	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Please specify other types of drug and alcohol tests used:

53. Are your UAs fully observed?

- ☐ Yes
- ☐ No
- ☐ N/A

If yes, please describe the observation process:

54. How quickly are urine drug test results obtained?

- ☐ Within minutes
- ☐ Same day
- ☐ Within 24 hours
- ☐ Within 48 hours
- ☐ Within one week
- ☐ Other

If other, please specify:

Court Sessions

55. What is the average length of time (in minutes) of a court session for your program? For example, if your court sessions typically last 2 hours, put 120. (If you have drug court sessions on more than one day, pick one day as an example).

of minutes

56. On average, approximately how many drug court participants attend a court session during the length of time you entered for the previous question?

of participants

JUDGE INFORMATION

For the following questions, if you have more than one active drug court judge, choose one judge (e.g., the judge who sees the most participants) and answer these questions for that judge. For the other judge(s), please enter any information you would like us to have in the comment box at the end.

57. Does the judge:

	Yes	Sometimes	No
Speak directly to participants during their court appearances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide consistent follow-through on warnings to participants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow the recommendations provided by the team?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. Has the judge:

	Yes	No
Attended official drug court training sessions or workshops?	<input type="radio"/>	<input type="radio"/>
Received training by previous drug court judges in this drug court or other drug courts?	<input type="radio"/>	<input type="radio"/>
Observed other drug courts?	<input type="radio"/>	<input type="radio"/>
Attended professional drug court related conferences such as the annual NADCP conference?	<input type="radio"/>	<input type="radio"/>

59. Is the drug court judge assigned voluntarily?

- ☐ Yes
- ☐ No

60. Is the drug court judge assigned to drug court indefinitely or does the position rotate?

- ☐ Indefinitely
- ☐ Position rotates regularly

JUDGE INFORMATION

61. Approximately how often does the judge change (that is, how often does the judge position rotate to a new judge)?

- ☐ Every 6 months
- ☐ Yearly
- ☐ Every two years
- ☐ Every three years
- ☐ Other

Please specify:

62. Do the same judges rotate through the drug court assignment more than once?

- ☐ Yes
- ☐ No

PROGRAM PHASES

63. What is the minimum length of time necessary for a participant to complete your program? (What is the least amount of time a participant could spend in the program and successfully graduate?)

- ☐ 9 months
- ☐ 12 months
- ☐ 18 months
- ☐ 24 months

Other (please specify)

64. Please indicate the number of phases in your drug court program (if you have no phases, please enter "1" and continue to the next question, entering the information about phase requirements as a single phase program):

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7+

INFORMATION FOR YOUR FIRST PHASE

65. What is the minimum length of phase 1?

- ☐ There is no minimum

Number of weeks:

66. How often are participants administered drug tests during phase 1?

- ☐ 4 or more times per week
- ☐ 3 times per week
- ☐ 2 times per week
- ☐ 1 time per week
- ☐ Once every two weeks
- ☐ Once per month
- ☐ Less than once per month
- ☐ Specific to participant/no general requirements

67. How often do participants attend *group* treatment sessions during phase 1?

- ☐ 4 or more times per week
- ☐ 3 times per week
- ☐ 2 times per week
- ☐ 1 time per week
- ☐ Once every two weeks
- ☐ Once per month
- ☐ Less than once per month
- ☐ Specific to participant/no general requirements

68. How often do participants attend *individual* treatment sessions during phase 1?

- ☐ 4 or more times per week
- ☐ 3 times per week
- ☐ 2 times per week
- ☐ 1 time per week
- ☐ Once every two weeks
- ☐ Once per month
- ☐ Less than once per month
- ☐ Specific to participant/no general requirements

69. How often are participants required to attend drug court sessions during phase 1?

- ☐ 4 or more times per week
- ☐ 3 times per week
- ☐ 2 times per week
- ☐ 1 time per week
- ☐ Once every two weeks
- ☐ Once per month
- ☐ Less than once per month
- ☐ Specific to participant/no general requirements

70. How often are participants required to meet with drug court staff that perform case management to review progress, status of treatment and assess ongoing needs during phase 1?

- ☐ 4 or more times per week
- ☐ 3 times per week
- ☐ 2 times per week
- ☐ 1 time per week
- ☐ Once every two weeks
- ☐ Once per month
- ☐ Less than once per month
- ☐ Specific to participant/no general requirements

71. Are participants required to attend self-help groups or 12-step meetings during phase 1?

- ☐ Yes
- ☐ No

PAYMENT

72. Are drug court participants required to pay any fees *as part of the program* (e.g., court fees, treatment fees, probation fees, drug tests, etc.)?

☐ Yes

☐ No

COURT RESPONSE TO PARTICIPANT BEHAVIOR (INCENTIVES/SANCTIONS)

73. Are participants given a Participant Handbook upon entering the program?

☐ Yes

☐ No

74. Please indicate which of the following is true about the rewards or incentives used in your drug court.

	Yes	No
Participants are given tangible rewards (such as movie tickets, candy, key chains)	<input type="radio"/>	<input type="radio"/>
Participants are given intangible rewards (applause, praise from Judge or Team)	<input type="radio"/>	<input type="radio"/>
Rewards are given in a standardized way for specific behaviors	<input type="radio"/>	<input type="radio"/>
The team is given a written copy of the guidelines for program/team response to participant behavior	<input type="radio"/>	<input type="radio"/>
Participants know what specific behaviors lead to rewards	<input type="radio"/>	<input type="radio"/>
Participants are given a written list of possible rewards	<input type="radio"/>	<input type="radio"/>
Participants are given a written list of the behaviors that lead to rewards	<input type="radio"/>	<input type="radio"/>
Rewards are given on a case by case basis	<input type="radio"/>	<input type="radio"/>
Rewards can only be provided during court sessions and by the judge	<input type="radio"/>	<input type="radio"/>
Staff can provide rewards outside of court sessions	<input type="radio"/>	<input type="radio"/>
Have you asked participants (or heard from participants) if the rewards they receive are meaningful to them?	<input type="radio"/>	<input type="radio"/>
Do participants feel the rewards are meaningful?	<input type="radio"/>	<input type="radio"/>

75. Are your sanctions graduated (e.g., the severity of the sanction increases with more frequent or more serious infractions)?

☐ Yes

☐ No

76. Is jail used as one of the possible sanctions in your drug court?

☐ Yes

☐ No

SANCTIONS

77. Do you use jail as a sanction:

	Always	Sometimes	Rarely	Never
For positive drug screens?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For continued use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For noncompliance with program rules?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For failure to appear for court?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For failure to appear for treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For on-going failure to appear to court?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the first positive drug test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the second positive drug test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After the third positive drug test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For other reasons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you marked other reasons, please specify reasons here:

78. When a jail sanction is used, would you say that the length of the sanction is generally:

	Often	Sometimes	Rarely	Never
1 day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 – 6 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Two weeks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Longer than two weeks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment (optional)

SANCTIONS

79. Jail is used as an alternative for detox or residential when detox or residential treatment is not available:

- ☐ Always
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

80. Please indicate which of the following is true about the responses to participant behavior used in your drug court:

	Yes	No
Sanctions are imposed immediately after the noncompliant behavior (less than two weeks)	<input type="radio"/>	<input type="radio"/>
Sanctions may be imposed outside of court by team members other than the judge	<input type="radio"/>	<input type="radio"/>
Sanctions are imposed at the first court session after the non-compliant behavior	<input type="radio"/>	<input type="radio"/>
Sanctions are discussed among the team and decided as a group	<input type="radio"/>	<input type="radio"/>
Team members are given a written list of the guidelines around court response to participant behavior	<input type="radio"/>	<input type="radio"/>
Participants know which behaviors lead to sanctions	<input type="radio"/>	<input type="radio"/>
Participants are given a written list of possible sanctions	<input type="radio"/>	<input type="radio"/>
Participants are given a written list of the behaviors that lead to sanctions	<input type="radio"/>	<input type="radio"/>

GRADUATION

81. Is there a minimum number of days that participants must be drug free before they can graduate?

☐ Yes

☐ No

If yes, what is the minimum number of days that a participant must be drug free in order to graduate?

82. In order to graduate, are participants required to:

	Yes	No
Have a job or be in school?	<input type="radio"/>	<input type="radio"/>
Have a sober housing environment?	<input type="radio"/>	<input type="radio"/>
Complete community service?	<input type="radio"/>	<input type="radio"/>
Write a sobriety/relapse prevention plan?	<input type="radio"/>	<input type="radio"/>
Pay all drug court or treatment fees?	<input type="radio"/>	<input type="radio"/>
Pay all court-ordered fines and fees not related to drug court (e.g., restitution)?	<input type="radio"/>	<input type="radio"/>
Other?	<input type="radio"/>	<input type="radio"/>

Please specify:

83. Does your drug court have:

	Yes	No
A phase or phases when participants learn relapse prevention?	<input type="radio"/>	<input type="radio"/>
An aftercare program for participants that is available after graduation?	<input type="radio"/>	<input type="radio"/>
An alumni group that meets regularly after graduation?	<input type="radio"/>	<input type="radio"/>
An alumni group that provides support for current participants?	<input type="radio"/>	<input type="radio"/>

MONITORING AND EVALUATION

84. Does your program collect electronic data for participant tracking and case management while they are enrolled in the program?

☐ Yes

☐ No

MONITORING AND EVALUATION

85. Does the electronic program data include information from the treatment provider?

- ☐ Yes
- ☐ No

86. Do you monitor the information you collect on program participants to assess whether the program is moving toward its goals?

- ☐ Yes
- ☐ No

87. If yes, has your program made adjustments in policy or practice based on this monitoring?

- ☐ Yes
- ☐ No
- ☐ Not applicable

If yes, please give an example of what changes you made:

MONITORING AND EVALUATION

88. Have you had an outside evaluator measure whether the program is being implemented as intended? (Not including this technical assistance process.)

☐ Yes

☐ No

89. Have you had an outside evaluator measure whether the program is achieving its intended outcomes?

☐ Yes

☐ No

90. If yes to either of the above questions, have adjustments in policy or practice in your program been made based on feedback from the outside evaluation?

☐ Yes

☐ No

☐ Not applicable

TRAINING OF STAFF

91. Please indicate which of the following members of the drug court team have received training or education *specifically on the drug court model* (other than on-the-job training):

	Yes	No	Not applicable - not a member of the team
Judge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defense Attorney/Public Defender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
District Attorney/Prosecuting Attorney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Court Coordinator/Program Manager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case managers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment provider(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Probation/Parole	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law Enforcement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court Clerk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bailiff/Court Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other, please specify the title(s) of members of the drug court team who have received training or education on the drug court model:

92. Please indicate how much you agree or disagree with the following statements about staff training at your drug court:

	Strongly Agree	Agree	Disagree	Strongly Disagree
Drug court staff have received training specifically about the target population in your court including age, gender, race/ethnicity or drugs of choice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug court staff members receive ongoing cultural competency training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug court staff members have attended drug court related trainings specific to their role on the drug court team (e.g., defense attorney, prosecutor, counselor, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug court staff members have received training on strength-based philosophy and practices (e.g., Motivational Interviewing).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug court staff members bring new information on drug court practices including drug addiction and treatment to staff meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New drug court staff members get training on the drug court model before or soon after starting work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROGRAM PARTNERSHIPS

93. Please indicate how much you agree with the following statements about your program.

	Strongly Agree	Agree	Disagree	Strongly Disagree
The drug court has relationships with organizations that can provide services for program participants in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The drug court regularly refers participants to services available in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The drug court team includes representatives from community agencies that work regularly with drug court participants (e.g., employment assistance).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The drug court has a partnership with an agency that provides employment or skills building services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The drug court has a partnership with an agency that provides housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The drug court has a partnership with an agency that provides educational services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROGRAM STATS

Finally, we would like to know a bit about your drug court program statistics. Please remember that if you need to, you can exit the assessment, collect the information, then re-enter this assessment by going back to the link in your email.

94. Counting all participants since the first day of your drug court to the present please answer the following questions. (Note: the first box should add up to the sum of the following four boxes.)

How many participants have entered the program since it was implemented?	<input type="text"/>
How many participants are currently active?	<input type="text"/>
How many total participants have completed the program (graduated)?	<input type="text"/>
How many total participants have been terminated/been revoked/been unsuccessful?	<input type="text"/>
How many participants have not completed the program due to relocation, medical issues, or death?	<input type="text"/>

95. What gender are your current participants? Please estimate the percentage of men and women in your program:

% Male	<input type="text"/>
% Female	<input type="text"/>

96. What race/ethnicity are your current participants? Please give us your best estimate of the percentage of participants for each of the race/ethnicities listed below:

% White	<input type="text"/>
% Black	<input type="text"/>
% Hispanic/Latino	<input type="text"/>
% Native American/American Indian	<input type="text"/>
% Asian-American	<input type="text"/>
% Other	<input type="text"/>

97. What age are your current participants? Please give your best estimate of the percentage of your participants in each of the following age groups:

% 18-24 years	<input type="text"/>
% 25-34 years	<input type="text"/>
% 35-50 years	<input type="text"/>
% 51+	<input type="text"/>

98. What is the capacity of your program? (How many people can your program serve at one time?)

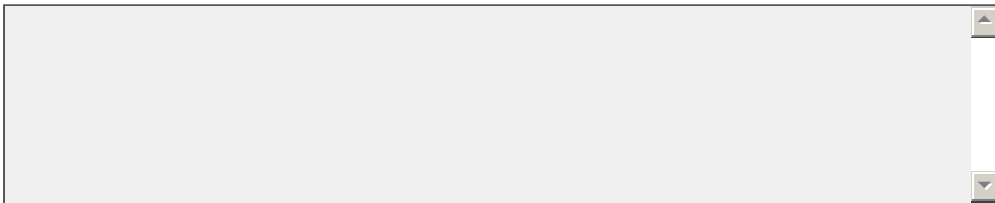
99. Is your program at maximum capacity? (Is your program full?)

- ☐ Yes
- ☐ No

100. Are there any questions, issues, or challenges you would like to discuss or have help with? If so, please briefly describe:

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101. Do you have any additional comments, information, or clarifications about any of the information on this survey?

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THANK YOU!

You did it! We appreciate you taking the time to fill out our assessment. Your answers will be of great assistance in our understanding of your drug court program.



Georgia Adult Drug Courts Peer Review Process

Georgia Adult Drug Court Review 2013: Question 33 Reference Guide

Treatment Type	Definition	Resources
Moral Reconciliation Therapy (MRT)	SAMHSA NREPP evidence-based substance abuse treatment for adults/juveniles; originally designed to be used in a prison-based drug treatment therapeutic community; cognitive behavioral treatment used in wide range of corrections settings	http://www.moral-reconciliation-therapy.com/ http://nrepp.samhsa.gov/ViewIntervention.aspx?id=34
Dialectical Behavioral Therapy (DBT)	System of therapy originally developed to treat people with borderline personality disorder. DBT combines standard cognitive-behavioral techniques for emotion regulation and reality-testing with concepts of distress tolerance, acceptance, and mindful awareness largely derived from Buddhist meditative practice. Research indicates that DBT is also effective in treating patients who present varied symptoms and behaviors associated with spectrum mood disorders, including self-injury. Recent work suggests its effectiveness with sexual abuse survivors and chemical dependency.	http://behavioraltech.org/resources/whatisdbt.cfm http://nrepp.samhsa.gov/ViewIntervention.aspx?id=36
Seeking Safety	Manual-guided cognitive-behavioral therapy for trauma, substance abuse, and/or posttraumatic stress disorder (PTSD), or co-occurring PTSD and addictions	http://www.seekingsafety.org/ http://nrepp.samhsa.gov/ViewIntervention.aspx?id=139

Treatment Type	Definition	Resources
Strengthening Families	Nationally and internationally recognized parenting and family strengthening program for high-risk and regular families. SFP is an evidence-based family skills training program designed to increase resilience and reduce risk factors and found to significantly reduce problem behaviors, emotional issues, delinquency, and alcohol and drug abuse in children 3-16 years old and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills.	http://www.strengtheningfamiliesprogram.org/ http://nrepp.samhsa.gov/ViewIntervention.aspx?id=44
Motivational Interviewing	Goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. The operational assumption in MI is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so that the examination and resolution of ambivalence becomes its key goal. MI has been applied to a wide range of problem behaviors related to alcohol and substance abuse as well as health promotion, medical treatment adherence, and mental health issues.	http://www.motivationalinterview.org/ http://nrepp.samhsa.gov/ViewIntervention.aspx?id=130
Recovery Training and Self Help	Group aftercare program for individuals recovering from opioid addiction. RTSH is designed to deactivate addiction by teaching and supporting alternative responses to stimuli previously associated with opioid use. Program goals include reducing the occurrence and frequency of relapse and readdiction and helping unemployed participants obtain employment.	http://www.sciencedirect.com/science/article/pii/S0740547286900036 http://nrepp.samhsa.gov/ViewIntervention.aspx?id=61

Treatment Type	Definition	Resources
TCU (Texas Christian University) Mapping-Enhanced Counseling	Communication and decision-making technique designed to support delivery of treatment services by improving client and counselor interactions through graphic visualization tools that focus on critical issues and recovery strategies. As a therapeutic tool, it helps address problems more clearly than when relying strictly on verbal skills. Mapping-Enhanced Counseling is the cognitive centerpiece for an adaptive approach to addiction treatment that incorporates client assessments of needs and progress with the planning and delivery of interventions targeted to client readiness, engagement, and life-skills building stages of recovery.	http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html http://nrepp.samhsa.gov/ViewIntervention.aspx?id=161
Twelve Step Facilitation Therapy	Brief, structured, and manual-driven approach to facilitating early recovery from alcohol abuse, alcoholism, and other drug abuse and addiction problems; active engagement strategy designed to increase the likelihood of a substance abuser becoming affiliated with and actively involved in 12-step self-help groups and, thus, promote abstinence.	http://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies/1 http://nrepp.samhsa.gov/ViewIntervention.aspx?id=55
Community Reinforcement Approach	<p>Alcoholism treatment approach that aims to achieve abstinence by eliminating positive reinforcement for drinking and enhancing positive reinforcement for sobriety.</p> <p>Comprehensive cognitive-behavioral intervention for the treatment of substance abuse problems. CRA seeks to treat substance abuse problems through focusing on environmental contingencies that impact and influence the client's behavior.</p>	http://pubs.niaaa.nih.gov/publications/arh23-2/116-121.pdf http://www.cebc4cw.org/program/community-reinforcement-approach/ http://nrepp.samhsa.gov/ViewIntervention.aspx?id=41

Treatment Type	Definition	Resources
Contingency Management	The systematic reinforcement of desired behaviors and the withholding of reinforcement or punishment of undesired behaviors, is an effective strategy in the treatment of alcohol and other drug (AOD) use disorders. Studies have demonstrated the effectiveness of CM interventions in reducing AOD use; improving treatment attendance; and reinforcing other treatment goals, such as complying with a medication regimen or obtaining employment.	http://pubs.niaaa.nih.gov/publications/arh23-2/122-127.pdf http://nrepp.samhsa.gov/ViewIntervention.aspx?id=146
Cognitive Self-Change (CSC)	Teaches offenders convicted of violent offenses how to identify thoughts and attitudes that lead them to do violent acts, and teaches them how to find and use new thoughts and attitudes that don't.	http://www.doc.state.vt.us/programs/cognitive-self-change-a-program-for-violent-offenders/cognitive-self-change-1 http://www.vtfa.com/publications/csc.pdf
Matrix Model	Intensive outpatient treatment approach for stimulant abuse and dependence. The intervention consists of relapse-prevention groups, education groups, social-support groups, individual counseling, and urine and breath testing. The program includes education for family members affected by the addiction. The therapist functions simultaneously as teacher and coach, fostering a positive, encouraging relationship with the patient and using that relationship to reinforce positive behavior change.	http://www.matrixinstitute.org/about/about.html http://nrepp.samhsa.gov/ViewIntervention.aspx?id=87
Living in Balance (LIB)	Moving From a Life of Addiction to a Life of Recovery is a manual-based, comprehensive addiction treatment program that emphasizes relapse prevention. LIB consists of a series of 1.5- to 2-hour psychoeducational and experiential training sessions.	http://www.livinginbalance.info/home.asp http://nrepp.samhsa.gov/ViewIntervention.aspx?id=72

Treatment Type	Definition	Resources
The Adolescent Community Reinforcement Approach (A-CRA)	The Adolescent Community Reinforcement Approach (A-CRA) to alcohol and substance use treatment is a behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with prosocial activities and behaviors that support recovery	http://www.chestnut.org/LI/acra-acc/index.html#Description http://nrepp.samhsa.gov/ViewIntervention.aspx?id=41



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Questions for Team Members: (for verifying checklist of standards)

☐ **Coordinator or other team member as appropriate**

- *Clarify any information on the assessment and checklist that are missing, inconsistent, or confusing*
- What is your program's intended population to serve? (Describe the range of people the program serves [*probe whether they intend to serve higher-risk offenders*]) **Cert #3.1, #3.4**
- To what extent are you able to reach that population? Do you serve other individuals outside of that intended group? If so, why/how does that occur? **GS 8.2, 8.4, 8.5, 8.7 & Cert #3.1, #3.4, #8.2**
- Listed name and affiliation of those responsible for ongoing planning of the court. **Cert #1.1**
- Do you have?: **GS 1.5, 3.1 & Cert #1.3**
 1. Written Mission Statement
 2. Written Program Goals
 3. Written Eligibility Requirements
 4. Written Operating Procedures
 5. Written Performance Measures
 6. Written Urine Testing Procedures
 7. Written Guidelines for Placement Levels
 8. Written Incentive/Sanction Guidelines
- Have you documented ancillary services, how participants access such services, and the process by which they are delivered to participants? **GS 1.10 & Cert #1.10**
- Is there written documentation that shows both the prosecutor and defense counsel participated in the design of the: **GS 1.2, 2.1 & Cert #2.1**
 1. Screening policy and procedures
 2. Eligibility policies and procedures
 3. Case-processing policies and procedures
- Do you have a form that is used for participants prior to acceptance into drug court that demonstrates counsel was provided before agreement to participation? **GS 2.7 & Cert #2.7**
- Are case management plans designed to do each of the following services for participants? **GS 1.9, 1.10, 4.7 & Cert #4.7:**
 1. Provide ongoing assessment of participant progress and needs?
 2. Coordinate referrals to services in addition to primary treatment ?
 3. Provide structure and support for individuals who typically have difficulty using services even when available?
 4. Ensure communication between the court and various service providers?

- Is the drug testing schedule detailed throughout the entire program? **GS 5.1 & Cert #19**
- Do you have a copy of most recent report submitted to the Administrative Office of the Courts as required by the Judicial Council Accountability Court Committee? (The mandatory set of performance measures, including the comprehensive end-of-year report)? **GS 8.2, 8.4, 8.5, 8.7 & Cert #8.7**
- Provide a list of planning group members and attach the work plan created for the drug court.

☐ **Judge**

- How much training have you received from treatment providers, or from other professionals regarding treatment, to assist you in being able to “talk the talk” about addiction/dependence and treatment? Is this an area you would like more information about?

☐ **Judge, Coordinator, and any other team member interviewed**

- What do you see as the most successful part of this (drug court) program? Are there any successes (ideas or practices in your program) that you would like to share with other programs in Georgia?
- What is your program’s main challenge right now?
- Do you see any conflict between your participation on the drug court team and your professional requirements as a *(FILL IN ROLE)*? If so, what conflict do you see? (If so, what do you see as the solution to this conflict?)
- Please describe this program’s approach to responding to participant behavior. Would you say the program leans more toward the use of incentives or the use of sanctions to reinforce or change behavior? What would you estimate is the ratio between positive and negative responses in this program?
- Do you have any suggestions for how to improve this program?
- How much field supervision (unannounced visits to home or workplace, curfew checks) is conducted by your program? **GS 6.3**
- *Add any other questions that come up during preparations for the visit or during the visit itself.*

☐ **Treatment provider(s)**

- How is the treatment plan developed? *(looking for whether treatment is intended to address identified, individualized criminogenic needs)* **GS 1.9, 1.10, 4.7 & Cert #4.7**

- What treatment approaches do you use (or, are used at your agency)? *(Review list of services listed on review, question 25, to see if there are any types indicated by the provider that are not included)* **GS 4.4, 4.5, 4.6 Cert #1.9**
- Are the treatment approaches used evidence-based? What standard is used for assessing evidence? **GS 4.4, 4.5, 4.6 Cert #1.9**
- How do you/does your agency ensure fidelity to the treatment model? **GS. 4.9**
- What is the maximum number of clients you serve in a group?
- What is the actual size of an average group?
- *(If group size is more than 12)* Does the specific intervention require this group size? What size is required?

Georgia Adult Drug Courts Peer Review Process



Team Meeting Observation Protocol:

Program: _____

Observer: _____

Date: _____

Start time: _____

End time: _____

1. How many participants were discussed during the staffing? _____ Participant Cases
[Did the time seem adequate for the team to discuss each individual in some detail?]

2. Staff member/partner present at the staffing:

Check box if staff member was present. [If not, cross off this role.] Use for coding Standard 4.5	Indicate if staff member participated in the conversation for most participants; was actively engaged in the staffing		
<input type="checkbox"/> Judge	Yes	Some	No
<input type="checkbox"/> Defense attorney	Yes	Some	No
<input type="checkbox"/> Prosecutor	Yes	Some	No
<input type="checkbox"/> Drug court coordinator	Yes	Some	No
<input type="checkbox"/> Probation	Yes	Some	No
<input type="checkbox"/> Treatment representative	Yes	Some	No
<input type="checkbox"/> Case manager	Yes	Some	No
<input type="checkbox"/> Law enforcement representative	Yes	Some	No
<input type="checkbox"/> Court clerk	Yes	Some	No
<input type="checkbox"/> Jail liaison	Yes	Some	No
<input type="checkbox"/> Community partner Describe: _____	Yes	Some	No
<input type="checkbox"/> Other: Describe: _____	Yes	Some	No
<input type="checkbox"/> Other: Describe: _____	Yes	Some	No

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3. Did the team discuss rewards for each participant who was doing well?

Yes Sometimes No

4. Did the team collaborate on decisions about treatment responses and/or sanctions?

Yes Sometimes No

5. Did the team appear to understand the difference between sanctions and treatment responses?

Yes Somewhat No

6. Did the prosecutor and defense attorney listen respectfully to each other's opinions?

Yes Somewhat No

7. Did the prosecutor and defense attorney appear to have a collaborative/non adversarial relationship?

Yes Somewhat No

8. To what extent did the players appear to work as a team?

- ☐ Not at all
- ☐ Somewhat
- ☐ Very much

Comments:

9. Did someone lead the meeting? If so, who?

10. Did the team spend any time talking about policy issues during the staffing meeting?

Yes No

11. Was there anything noteworthy about any team member?

12. Did ex parte communication occur? (if so, describe how it was handled)

Notes:

Georgia Adult Drug Courts Peer Review Process



General Courtroom Environment Observation Protocol:

Program: _____

Observer: _____

Date: _____

Session Start Time (When the Judge enters the room): _____

Session Ending Time (Judge leaves and/or everyone is dismissed): _____

1. How many participants' cases were heard during the session?

Present _____ # No-shows _____

Divide number present into length of time in session to get average time spent per participant in court: minutes

Note how much time was typically spent from the time the participant was called before the judge and then returned to his/her seat: _____

2. What staff attended the drug court session?

- ☐ Drug court coordinator
- ☐ Judge
- ☐ Public defender(s)/defense attorney
- ☐ Prosecuting attorney(s)
- ☐ Treatment provider(s) _____
- ☐ Probation
- ☐ Case manager
- ☐ Law enforcement (Besides Bailiff)
- ☐ Bailiff
- ☐ Court clerk
- ☐ Jail liaison
- ☐ Court reporter
- ☐ Interpreter
- ☐ Community partner (Describe: _____)
- ☐ Other _____

3. Did participants sit in the courtroom for the entire session or come and go as their cases were called? *(Staying throughout session is a learning experience for participants. It also is an indicator of a structured court [consistency and rules]. Early dismissal can be given as a reward.)*

- | | |
|--|--------|
| <input type="checkbox"/> All participants stayed in the court the whole session | Notes: |
| <input type="checkbox"/> All participants came and went as their cases were called | |
| <input type="checkbox"/> Some participants stayed the whole time while others didn't | |

Georgia Adult Drug Courts Peer Review Process



4. To what extent did the drug court staff appear to work as a team?

- ☐ Not at all
- ☐ Somewhat
- ☐ Very much

Notes:

5. Describe how the Judge interacted and behaved toward the other team members (e.g., case worker, attorneys, treatment representatives).

a. Overall, did the Judge exhibit signs of collaboration and a team approach toward the team when talking to participants?

Yes Somewhat No

b. Did the Judge appear to follow the decisions made by the team at the pre-court staffing meeting?

Yes Somewhat No

Notes:

6. In general, how did the Judge interact with the drug court clients/participants?

(Pay attention to the general feel of the courtroom, the level of formality/informality, and the relationship between the judge and participants. This information may be used in your interpretation of the overall operation of the program as well as in the future by the state office as it looks at effectiveness of different program characteristics across the state.)

- Did s/he speak directly to the participants? ____Yes ____No
- Did the participants stand or sit while speaking to the Judge? ____Stand ____Sit
- From whom did the Judge request answers, information, or explanations?
 - ☐ Exclusively from the Participant
 - ☐ Primarily from the Participant, but also from other staff members present (e.g., attorney, social worker)
 - ☐ Equally from the Participant and staff members present
 - ☐ Primarily from staff members, but also from the Participant
 - ☐ Exclusively from staff members
 - ☐ Other (describe process):

7. In the peer's opinion, was the Judge warm or cold during the interaction? Was the Judge authoritative? Respectful? Did the Judge listen to what the participant has to say? (describe briefly):



Georgia Adult Drug Courts Peer Review Process

Drug Court Participant Focus Group/Interview Questions:

1. What phase are (each of) you in? *(write down number of people in each phase)*

2. What do you like most about the Drug Court Program?

Probing questions:

- What works well for you?
- What is most helpful or useful for you?

3. What do you like least about the Drug Court Program?

Probing questions:

- What does not work for you?
- Are there any things about the program (or your own situation) that make your progress in treatment more difficult (e.g., job requirements, transportation challenges, childcare responsibilities)?

4. How are you treated by the...

- Court staff (e.g., judge, assistants, public defender, probation officer, prosecutor)
- Treatment providers (e.g., group leaders, counselors, administrators, office staff)

Probing questions:

- Is there someone in drug court who you feel you can talk with when you're having a tough time? Who is that person? What helps you feel comfortable talking to him/her?

5. I have a few questions about how the program operates. *(feel free to omit any questions that have already been answered)*

- How much do you pay in fees?

Probing questions:

- Is this amount something you can afford to pay?
- Does the program help you figure out a way to pay the fees? How does the program help?
- How many people are in your treatment groups most of the time?
- How often are your drug tests?
- Do you get tested on the weekends or holidays?
- Have you received a participant handbook?
- Does the program tend to focus on what is going well for participants or what is not going well (or is it a mix of both)?

Probing question:

- How would you describe how much of the program's responses to participants is positive and how much is negative?
- What do you have to do to graduate?
- Does the program ask for your feedback about how to improve the program? If so, how often does this happen?

6. Why did you decide to participate in drug court?

Probing questions:

- Do you feel that your decision to participate in this program was a good one?
- Do you feel that you were made aware of your legal rights before agreeing to participate in the program? Did you understand those rights and what you might be giving up?
- Did you understand what other choices were available to you?
- Did you feel you were given a choice (was it really voluntary) or did you feel you had to do it? (If you felt forced or pushed into it, who made you feel that way?)

7. Are there any obstacles to you successfully completing the Drug Court Program (e.g., lifestyle, family influences, time commitment)?

8. Do you have any suggestions to improve the Drug Court Program?

Probing questions:

- What is one thing that drug court (or drug court staff) doesn't do/offer that you think would be helpful?
- What would you tell a friend who was thinking about participating in drug court?
- If you could change one thing about drug court, what would it be?

Thank you so much for your participation and feedback!

Do you have any questions for me?

Georgia Adult Drug Court Peer Review Process



Suggested Recommendations for Completing Peer Review Summary Report:

Sample language is provided in the right column for each of the Standards that are included on the Peer Review Checklist, to assist you in completing the Peer Review Summary Report. These recommendations are for practices for which you checked “no.” Please choose any relevant text and feel free to leave out or adapt any language that is not appropriate for this site. You may cut and paste the relevant language from this table into the list of recommendations on the summary report form. **Items in bold** are high priority for inclusion in the written summary.

Comment [SC1]: Please review and see which items you think should be a high priority for including in the summary reports.

Practices Based on Georgia Standards	Suggested recommendation language if Standard is marked “no” on checklist
Law enforcement is a member of the drug court team – GS 1.2	To the extent possible, the drug court team should make certain that local and state police understand their participation with drug court as a cost-effective way to deal with repeat offenders who have substance abuse problems. Participation by law enforcement on the team can change participants’ view of law enforcement and can law enforcements’ view of participants. Additionally, the program should be seen as an avenue for addressing quality of life issues and preserving public safety. Research in this area has shown that greater law enforcement involvement increases graduation rates and reduces outcome costs (Carey, Finigan & Pukstas, 2008).
All key team members attend staffing (Judge, prosecutor, defense attorney, treatment, program coordinator, and probation) – GS 1.2, 1.7 & Cert #1.7, #7.4	Ensure that the team includes [include any missing team members, delete the others] a judge, coordinator, prosecutor, defense counsel, probation officer, treatment provider, and law enforcement representative.
The defense attorney attends drug court team meetings (staffings) – GS 1.2, 1.7 & Cert #1.7	The prosecutor, defense counsel should attend and actively participate in all drug court pre-chambers/staffing meetings and in drug court sessions.
A representative from treatment attends drug court team meetings (staffings) – GS 1.2, 1.7 & Cert #1.7	A treatment provider representative should always attend staffing sessions.

Practices Based on Georgia Standards	Suggested recommendation language if Standard is marked “no” on checklist
Coordinator attends drug court team meetings (staffings) – GS 1.2, 1.7 & Cert #1.7	The program coordinator should always attend staffing sessions.
Law enforcement attends drug court team meetings (staffings) – GS 1.2, 1.7 & Cert #1.7	To the extent possible, the drug court team should make certain that local and state police understand their participation with drug court as a cost-effective way to deal with repeat offenders who have substance abuse problems. Additionally, the program should be seen as an avenue for addressing quality of life issues and preserving public safety. Research in this area has shown that greater law enforcement involvement increases graduation rates and reduces outcome costs (Carey, Finigan & Pukstas, 2008)
All key team members attend court sessions/status review hearings (Judge, prosecutor, defense attorney, treatment, program coordinator, and probation) – GS 1.2, 1.8	Ensure that [include any missing team members, delete the others] the judge, coordinator, prosecutor, defense counsel, probation officer, treatment provider, and law enforcement representative attends all staffings.
A representative from treatment attends court sessions (status review hearings) – GS 1.2, 1.8	Ensure that the treatment provider representative attends all court sessions.
Law Enforcement attends court sessions (status review hearings) – GS 1.2, 1.8	To the extent possible, the drug court team should make certain that local and state police understand their participation with drug court as a cost-effective way to deal with repeat offenders who have substance abuse problems. Additionally, the program should be seen as an avenue for addressing quality of life issues and preserving public safety. Research in this area has shown that greater law enforcement involvement increases graduation rates and reduces outcome costs (Carey, Finigan & Pukstas, 2008).

Practices Based on Georgia Standards	Suggested recommendation language if Standard is marked “no” on checklist
Treatment communicates with court via email – GS 1.11 & Cert #1.11	Establish protocols for treatment providers to share information with the team through e-mail. Good communication is very important for any successful team effort and this is particularly true of drug court. For a drug court to provide immediate sanctions and rewards, it must operate with quick and accurate communication about client activities. Using e-mail as a primary communication method allows swift communication simultaneously with all team members. Drug courts where treatment communications with the court/team via e-mail have significantly less recidivism than programs that do not use this method of communication.
A prosecuting attorney is part of the drug court team – GS 1.2, 2.1 & Cert #2.1?	The prosecutor should attend and actively participate in all drug court pre-chambers/staffing meetings and in drug court sessions.
A defense attorney is part of the drug court team – GS 1.2, 2.1 & Cert #2.1?	The defense attorney should attend and actively participate in all drug court pre-chambers/staffing meetings and in drug court sessions.
Attorneys on the drug court team attend staffing meetings and court sessions – GS 1.2, 1.7, 1.8 & Cert #2.1?	The prosecutor and defense counsel should attend and actively participate in all drug court pre-chambers/staffing meetings and in drug court sessions.
The time between arrest and program entry is 50 days or less– GS 3.6, 3.7 & Cert #3.5	The program may want to conduct an in-depth review to determine if there are places where time could be saved between arrest and identification for drug court. An analysis of case flow to identify bottlenecks or structural barriers, and points in the process where potential adjustments to procedures could facilitate quicker placement into drug court would be helpful. In addition, a more systematic identification and referral process may be able to shorten the time between arrest and drug court entry. The team could review the systems of programs that have shorter lapses between arrest and drug court entry, to gain ideas. The program should set a goal for how many days it should take to get participants into the program, and work toward achieving that goal, keeping in mind that the sooner individuals needing treatment are connected with resources, the better their outcomes are likely to be.

Practices Based on Georgia Standards	Suggested recommendation language if Standard is marked “no” on checklist
Current program caseload is less than 125 – GS 3.9	When program caseload reaches 125 at any one time, the team should pay special attention to ensure that other best practices are still being successfully implemented. When drug courts get larger, there is a tendency for the judge to spend less time with each participant in court, for drug tests to occur less often and for various team members to attend staffing and court less often. It important to ensure that the quality of the supervision and other services do not decrease when the program gets larger.
Program capacity (number of individuals actually participating at any one time) is less than 125 – GS 3.9	When program caseload reaches 125 at any one time, the team should pay special attention to ensure that other best practices are still being successfully implemented. When drug courts get larger, there is a tendency for the judge to spend less time with each participant in court, for drug tests to occur less often and for various team members to attend staffing and court less often. It important to ensure that the quality of the supervision and other services do not decrease when the program gets larger.
The drug court works with two or fewer treatment agencies GS 1.10 and Cert #1.10	Work on moving to a model where the drug court utilizes at most two core treatment agencies, or establish a communication system that designates a single entity (one of the providers or a different organization as appropriate) to oversee and coordinate treatment services as well as communication with the rest of the team. Referrals to ancillary services as needed are still appropriate on an individual basis.
The drug court has guidelines on the frequency of individual treatment sessions that a participant must receive – GS 1.9, 4.7	Specify at least the minimum amount of individual treatment (one on one sessions) that each participant will receive. Though treatment services are ideally matched to each participant’s needs, programs that established guidelines about the frequency of individual treatment sessions the participants should receive had significantly lower recidivism than programs that did not have these guidelines. Research has shown that one on one sessions once every three weeks is more effective than less frequent sessions (Carey, et al. 2012).

Practices Based on Georgia Standards	Suggested recommendation language if Standard is marked “no” on checklist
The drug court offers gender specific services – GS 4.5 & Cert #1.10, #4.4, #4.6	It is suggested that treatment services be responsive to gender, among other characteristics. Programs that offer gender-specific services have significantly lower recidivism than programs that do not provide these services.
The drug court offers mental health treatment– GS 4.5 & Cert #1.10, #4.4, #4.6	It is suggested that treatment services be responsive to mental health needs, among other characteristics. Programs that offer mental health services have significantly lower recidivism than programs that do not provide these services.
The drug court offers parenting classes - Cert #1.10	It is suggested that treatment services be responsive to participants that are parents, among other characteristics. Programs that offer parenting classes/services have significantly lower recidivism than programs that do not provide these services. In addition, parenting classes can be helpful for teaching positive communication among individuals, regardless of whether they are parents.
The drug court offers family/domestic relations counseling – GS 4.5 & Cert #1.10, #4.4, #4.6	It is suggested that treatment services be responsive to family/domestic relations, among other characteristics. Programs that offer family/domestic relations services have significantly lower recidivism than programs that do not provide these services.
The drug court offers residential treatment – Cert #1.10, #4.4, #4.6	It is suggested that treatment services be responsive to intensive treatment needs, among other characteristics. Programs that offer inpatient treatment services have significantly lower recidivism than programs that do not provide these services.
The drug court offers health care – GS 4.6 & Cert #1.10, #4.4, #4.6	It is suggested that treatment services be responsive to medical needs, among other characteristics. Programs that offer health care services have significantly lower recidivism than programs that do not provide these services.

Practices Based on Georgia Standards	Suggested recommendation language if Standard is marked “no” on checklist
The drug court offers dental care– GS 4.6 & Cert #1.10 #4.4, #4.6	It is suggested that treatment services be responsive to dental needs, among other characteristics. Programs that offer dental care services have significantly lower recidivism than programs that do not provide these services.
The minimum length of the drug court program is 12 months or more – GS 4.1, 4.2 & Cert #4.1	Research has shows that programs that are a minimum of 12 months have significantly better outcomes than shorter programs. The program is encouraged to establish a minimum 18 months of supervision and treatment for felony offenders, as Georgia Standards require this length of time to be considered a drug court. Participant phases should also reflect the time in which participants are actually enrolled in program.
Drug test results are back in 2 days or less – GS 5.5 & Cert #5.5	Establish protocols to obtain drug testing results as soon as possible, and within 48 hours at the longest.
In the first phase of drug court, drug tests are collected at least 2 times per week– GS 5.1 & Cert #5.1, #5.2	The program should administer drug tests on participants twice per week (at a minimum) during the first two phases of the program. A standardized system of drug testing, coordinated with probation and parole guidelines, should continue through the entirety of the program. Details of the drug testing schedule should also be documented by the program in the policy and procedure manual or other related materials.
Participants are expected to have greater than 90 days clean (negative drug tests) before graduation – GS 5.7 & Cert #5.7	Add “90 days of substantially continuous abstinence from alcohol or other drugs” as a graduation criterion for new participants.

Practices Based on Georgia Standards	Suggested recommendation language if Standard is marked “no” on checklist
Sanctions are imposed immediately after non-compliant behavior. (e.g., Drug court will impose sanctions in advance of a client's regularly scheduled court hearing.) – GS 6.4 & Cert #6.1(a)	One of the goals of the program is to ensure that participants are fully aware of the relationship between their actions and resulting sanctions. Research has demonstrated that for sanctions and rewards to be most beneficial, they need to closely follow the behavior that they are intended to change or reinforce. Implement procedures/guidelines that allow sanctions to be imposed more quickly so they are more strongly tied to infractions will have a greater impact.
Team members are given a copy of the guidelines for sanctions – GS 6.1, 6.6 & Cert #1.3, #6.1(a), #6.6	Make sure that all team members have a copy of the program’s guidelines for the types of sanctions used, in response to which non-compliant behaviors, and procedures for how they are decided and imposed. If your program does not have written sanction guidelines, samples can be found at http://www.ndcrc.org/ .
Participants have status review sessions at least every two weeks in first phase – GS 7.6	The team should review the current frequency of judicial interaction with participants and whether to increase the frequency of court hearings for participants. Research shows that participants have the most positive outcomes if they attend approximately one court appearance every 2 weeks.
Judge spends an average of 3 minutes or greater per participant during status review hearings – GS 7.9	An <i>average</i> of three (3) minutes per participant is related to graduation rates 15 percentage points higher and recidivism rates that are 50% lower than drug courts that spend less than 3 minutes per participant (Carey, Waller, & Weller, 2010).
The judge’s term is indefinite – GS 7.1	The current judge has been presiding over the court for the past XX years. Experience and longevity are correlated with more positive participant outcomes and cost savings according to research where judges have served for 2 years or more.
The judge was assigned to drug court on a voluntary basis – GS 7.1	The current judge has been presiding over the court for the past XX years. Judges that choose to site on the drug court bench (rather than being assigned) are correlated with more positive participant outcomes and cost savings.

Practices Based on Georgia Standards	Suggested recommendation language if Standard is marked “no” on checklist
The results of program evaluations have led to modifications in drug court operations – GS 8.3, 8.4	<p>Establish a regular interval for evaluation feedback.</p> <p>Review the results of all evaluations and associated recommendations as a team. Discuss how to make related program modifications.</p> <p>Use feedback about the program to analyze operations, modify program procedures, gauge effectiveness, change therapeutic interventions, measure and refine program goals, and make decisions about continuing or expanding the program.</p>
Review of the data and/or regular reporting of program statistics has led to modifications in drug court operations – GS 8.2, 8.4, 8.5, 8.7 & Cert #8.1, #8.2, #8.7	<p>Establish a regular interval for reviewing program data and statistics.</p> <p>Review information gathered as a team. Discuss how to make related program modifications.</p> <p>Use feedback to analyze operations, modify program procedures, gauge effectiveness, change therapeutic interventions, measure and refine program goals, and make decisions about continuing or expanding the program.</p>
All new hires to the drug court complete a formal training or orientation – GS 9.1, 9.2, 9.7 & Cert #9.1	The program should have a formal policy on staff training requirements and continuing education. Documentation should outline staff training requirements for existing and new staff members.
The drug court has a steering committee that includes community members – GS 10.2, 10.4 & Cert #10.2	The program is encouraged to consider the creation of an advisory committee made up of Drug Court team members and representatives from other community agencies, representatives of the business community and other interested groups. This could result in expanded community understanding and support of the program, as well as additional services, facilities, and rewards for the program. This can contribute substantially to the sustainability of the program.

Practices Based on Georgia Standards	Suggested recommendation language if Standard is marked “no” on checklist
Is there a Memorandum of Understanding (MOU) in place between the drug court team members (and/or the associated agencies)?- GS 1.4,	It is essential to have an MOU between the various agencies that clearly states the roles and duties of each team member in the drug court program. This can also ensure agreements as to how they will communicate with each other (e.g., that they WILL communicate with each other) and what information will be shared, etc. The MOU can be used as a training tool for new team members and can serve as a reminder about the purpose of their collaboration for drug court. Sample MOU’s can be found at www.ndcrc.org
Is there a written policy and procedure manual for your drug court program? – GS 1.1, 1.3, & Cert #1.1, #1.3, #2.1, #2.2	A policy manual helps to ensure that all partners are operating under the same assumptions—and also helps in clarifying roles, responsibilities, and expectations. The policy manual can also be used as a part of the training process for new team members, to help clarify the expectations and duties associated with their role and to explain program process. The drug court team should collaboratively develop and agree on all aspects of court operations (mission, goals, eligibility criteria, operating procedures, performance measures, , drug testing, and program structure guidelines) within this manual.
Has your drug court program formed an independent 501(c)(3) or other non-profit organization? – GS 10.3	Establishing a non-profit organizational status can be a beneficial setup for the program, If this arrangement is appropriate for the needs of the program, actions should be taken to create one.
Are participants given a participant handbook upon entering the program? – GS 2.6	Creating a handbook specifically for participants would help clarify topics such as length/requirements of program phases, approved over-the-counter medications, and participant legal rights. Defining program minimums (group sessions, drug tests, etc) would also help potential participants understand what exactly the program will entail and ensure that they are well informed about the program’s expectations.

Practices Based on Georgia Standards	Suggested recommendation language if Standard is marked “no” on checklist
The drug court has a steering or advisory committee that meets quarterly – GS 10.2, 10.4	A steering committee may serve many purposes, but one of the most important is sustainability. In terms of linking community resources, community partnerships will allow teams to access more services. Creating these connections can be a great way to establish buy-in from the community as well as encourage their involvement. The team should also explore any potential stakeholders in employment (businesses that have hired participants, places that community service is completed), childcare, transportation, education institutions (local universities) or the faith community.
Drug court participants are required to meet with case management personnel at least once a week during phase 1 - GS 1.12	Participants should have contact with case management personnel (drug court staff or treatment representative) at least once per week during the first twelve months of treatment to review status of treatment and progress.
Drug court staff members receive ongoing cultural competency training – GS 10.5	Drug court staff should participate in ongoing cultural competency training on an annual basis.
Drug court has established a planning group to create a work plan for the court. The work plan addresses the operational, coordination, resource, information management, and evaluation needs of the court. GS 1.1 and Cert #1.1	Establish a planning group to create a work plan for the court. The work plan shall “address the operational, coordination, resource, information management, and evaluation needs” of the court. Also, ensure both the names and organizational affiliation of those persons who are responsible for the ongoing planning of the problem-solving court are clearly listed in the policy and procedure manual or official work plans

Practices Based on Georgia Standards	Suggested recommendation language if Standard is marked “no” on checklist
The drug court team has collaboratively developed, reviewed, and agreed upon all aspects of court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, and program structure guidelines) prior to commencement of program operations. GS 1.3 and Cert #1.3	The drug court team should collaboratively develop and agree on all aspects of court operations (mission, goals, eligibility criteria, operating procedures, performance measures, , drug testing, and program structure guidelines) prior to commencement of program operations. The agreement should be documented in a memorandum of understanding (MOU), participant handbook, and/or policy and procedure manual.
All members of the drug court team attend and participate in a minimum of two formal staffings per month. CS 1.7 and Cert #1.7	Ensure that members of the drug court team are attending a minimum of two formal staffings per month.
The program provides a continuum of services through a partnership with a primary treatment provider(s) to deliver treatment, coordinate other ancillary services, and make referrals as necessary. GS 1.10 and Cert #1.10	The program is encouraged to provide a continuum of services through a partnership with a primary treatment provider(s). This partnership should deliver treatment, coordinate other ancillary services, and make referrals as necessary. Documentation should also identify specific ancillary services, how these services are accessed by participants, and the process by which they are provided to participants
Prosecution and defense counsel <i>participated in the design, implementation, and enforcement of the programs screening, eligibility and case-processing policies and procedures.</i> GS 2.1 and Cert #2.1	Prosecution and defense counsel should both be members of the drug court team as evidenced by their participation in the design, implementation, and enforcement of the programs screening, eligibility and case-processing policies and procedures.

Practices Based on Georgia Standards	Suggested recommendation language if Standard is marked “no” on checklist
The program has developed and uses a form to document that each participant has received counsel from an attorney prior to admittance to drug court, including the receipt of the local participant agreement with an executed copy placed in the official court file maintained locally. GS 2.7 and Cert #2.7	The program should develop and use a form, or adopt the model created by the Judicial Council Accountability Court Committee, to document that each participant has received counsel from an attorney prior to admittance to a drug court. This includes the receipt of the local participant agreement with an executed copy placed in the official court file maintained locally. This copy of this document should also be included in the program policy and procedure manual.
The target population for drug courts is offenders assessed at low-moderate to high -risk for rearrest and with moderate to high treatment needs.. GS 3.4 and Cert #3.4	The program’s target population should be offenders classified as moderate to high-risk and/or need, as determined by a risk and needs assessment. A list of screening tools used, along with a description of their use must be documented in the policy and procedure manual. The court should not target a mixed population of low risk and moderate to high risk offenders to be served in a single treatment setting.
The drug court requires a minimum 18 months of supervision and treatment for felony offenders and is officially considered a drug court by Georgia Standards. GS 4.1 and Cert #4.1	The program is encouraged to establish a minimum 18 months of supervision and treatment for felony offenders, as Georgia Standards require this length of time to be considered a drug court. Participant phases should also reflect the time in which participants are actually enrolled in program.

Practices Based on Georgia Standards	Suggested recommendation language if Standard is marked “no” on checklist
Case management plans are individualized for each participant based on the results of an initial assessment. Ongoing assessments occur according to a program schedule and treatment plans are modified or adjusted based on results. Referrals to other services occur as needed, a structure is in place for individuals that typically have difficulty utilizing services, and regular communication has been established between the court and various service providers. GS 4.7 and Cert #4.7	Case management plans should be individualized for each participant based on the results of the initial assessment. Case management documents should confirm that: <ol style="list-style-type: none"> 1. Ongoing assessments occur according to a program schedule and treatment plans can be modified or adjusted based on results. 2. Referrals to services in addition to primary treatment occur as needed. 3. Structure and support exists for individuals who typically have difficulty using services even when available. 4. Regular communication between the court and various service providers.
Participants shall be administered a randomized drug test a minimum of twice per week during the first two phases of the program; a standardized system of drug testing shall continue through the entirety of the program.. GS 5.1 and Cert#5.1	The program should administer drug tests on participants twice per week (at a minimum) during the first two phases of the program. A standardized system of drug testing, coordinated with probation and parole guidelines, should continue through the entirety of the program. Details of the drug testing schedule should also be documented by the program in the policy and procedure manual or other related materials.
The program has a formal system of sanctions and rewards, including a system for reporting noncompliance, established in writing and included in the courts policies and procedures manual. GS 6.1(a)(b) and Cert #6.1(a)(b)	The drug court should have a formal system of sanctions and rewards, including a system for reporting noncompliance. This system should be established in writing and included in the courts policies and procedures manual, along with any grids, charts, etc. that reflect how incentives/sanctions are administered.
The judge shall attend and participate in pre-court staffing sessions/meetings.. GS 7.4 and Cert #7.4	The judge should attend and participate in all pre-court staffing sessions.

Practices Based on Georgia Standards	Suggested recommendation language if Standard is marked “no” on checklist
The court collects, at a minimum, a mandatory set of performance measures determined by the Judicial Council Accountability Court Committee. This information is provided in a timely requisite format to the Administrative Office of the Courts as required by the Judicial Council Accountability Court Committee, including a comprehensive end-of-year report. GS 8.7 and Cert #8.7	The program should collect, at a minimum, the mandatory set of performance measures determined by the Judicial Council Accountability Court Committee. This information should be provided in a timely requisite format to the Administrative Office of the Courts as required by the Judicial Council Accountability Court Committee (including a comprehensive end-of-year report). A copy of the most recently submitted report should be available as well.
Pursuant to O.C.G.A. § 15-1-15, the drug court has established a planning group that created a work plan for the court. The work plan addresses the operational, coordination, resource, information management, and evaluation needs of the court. It also includes all policies and practices related to implementing the standards set forth in Georgia Standards for Accountability Courts. GS 10.1	Pursuant to O.C.G.A. § 15-1-15, the program should establish a planning group and create a work plan for the court. The work plan should address the operational, coordination, resource, information management, and evaluation needs of the court, and should include all policies and practices related to implementing the standards set forth in the Georgia Standards for Accountability Courts. A list of planning group members and a copy of the most recent work plan created for the drug court should be available.
The program has protocols in place that stipulates that treatment communicate with team members via e-mail. GS 1.11	We would suggest the program review their communication protocols and make any enhancements necessary to ensure that all staff members are included on discussions regarding participants. In order for the team to make informed and fair decisions about their response to participant behavior, it is crucial that all necessary information be provided to team members before decisions are officially made. Drug courts that shared information among team members through email had 65% lower recidivism than drug courts that did not use email (Carey, Waller, & Weller, 2010).

Practices Based on Georgia Standards	Suggested recommendation language if Standard is marked “no” on checklist
<p>Treatment includes standardized, evidence-based practices (based on the Georgia Adult Drug Court Treatment Standards) and other practices recognized by the Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Policies and Practices (NREPP). Services offered and available to participants include: GS 4.8</p> <ul style="list-style-type: none"> a. X b. Y c. Z 	<p>Treatment should include standardized, evidence-based practices (refer to Georgia Adult Drug Court Treatment Standards) and other practices recognized by the Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Policies and Practices (NREPP). Services offered and available to participants should be documented in the policy and procedure manual as well.</p>
<p>The program has a formal policy on staff training requirements and continuing education, both for existing and new staff members. GS 9.1, 9.2, 9.7 & Cert #9.1</p>	<p>The program should have a formal policy on staff training requirements and continuing education. Documentation should outline staff training requirements for existing and new staff members.</p>

Research based best practices that are not included in the GA standards or certification.

Sample language is provided in the right column for each of the practices that have been identified in new research findings to contribute to either reduced recidivism or cost savings for drug court programs. For any of these practices that were marked “no” on the Peer Review Checklist, please cut and paste the recommendation language from this table to the New Research Findings section of the Summary Report template. Please choose any relevant text and feel free to leave out or adapt any language that is not appropriate for this site.

Practices Based on NPC Research Findings	Suggested recommendation language if practice is marked “no” on checklist
<p>In order to graduate participants must have a job or be in school</p>	<p>Add “maintain employment or be enrolled in school” as a graduation criterion for new participants</p>

Practices Based on NPC Research Findings	Suggested recommendation language if practice is marked “no” on checklist
In order to graduate participants must have a sober housing environment	Add “maintain sober housing” as a graduation criterion for new participants
In order to graduate participants must have pay all court-ordered fines and fees (e.g., fines, restitution)	Add “full payment of all court-ordered fines and fees” as a graduation criterion for new participants
Participants are required to pay court fees	Research has demonstrated that drug courts that require participants to pay fees have higher graduation rates and lower recidivism than drug courts that require no fees (Carey, et al. 2005; Carey, Pukstas & Finigan, 2008; Carey & Perkins, 2009; Carey, Waller, & Weller, 2010). Paying fees may increase the sense of accountability, as well as a sense of valuing the program as something that they have paid for. The team may consider the idea that indigent participants could “work off” these fees through community service or good behavior, rather than paying with cash, creating another method of providing incentives and/or sanctions.
The drug court reports that the typical length of jail sanctions is 2 weeks or less.	The effectiveness of jail as a sanction tapers off within 3-4 days (particularly in high-risk individuals). This results in increasing the use of resources while gaining little in return. Jail sanctions should be used judiciously and as a last resort, with program responses gradually building towards its use.

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BLUE TEXT INDICATES AREAS FOR THE PEER TO FILL IN.

RED TEXT INDICATES INSTRUCTIONS FOR THE PEER.

PLEASE REMOVE THE BLUE AND RED TEXT BEFORE SHARING THE REPORT WITH THE PROGRAM.

FEEL FREE TO REWORD THE LANGUAGE IN THE SUGGESTED TEXT BELOW TO MAKE IT FEEL MORE PERSONAL OR SPECIFIC TO THE SITE.

Background and Overview:

A peer review process was conducted with (NAME OF PROGRAM) on (DATE[S] OF VISIT) by (NAME OF PEER REVIEWER[S]). This report summarizes the highlights of the review process.

Summary of Best Practices:

The following practices that follow Georgia Standards have been implemented by this program. They are based on research demonstrating that programs with these practices have more positive outcomes than other programs. Congratulations on your program's achievements in these areas!

A full set of practices that is utilized by this program is included at the end of this report. [ATTACH COMPLETED PEER REVIEW CHECKLIST AT THE END OF THIS REPORT IN THE SPOT INDICATED]

[KEEP ANY PRACTICES IN THE LIST BELOW {items that are bold on the checklist} THAT ARE SCORED "YES" FROM THE CHECKLIST; MOVE THE OTHERS TO THE RECOMMENDATIONS LIST. IF ANY ITEMS ARE MOVED, REPLACE THEM (BELOW) WITH OTHER "YES" ITEMS FROM THE CHECKLIST, TO MAINTAIN A LIST OF 18 HERE WHENEVER POSSIBLE.]

1. Your drug court has established a planning group to create a work plan for the court. The work plan addresses the operational, coordination, resource, information management, and evaluation needs of the court. **[GS 1.1 and Cert #1.1]**
2. The drug court team has collaboratively developed, reviewed, and agreed upon all aspects of court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, and program structure guidelines) prior to commencement of program operations. **[GS 1.3 and Cert #1.3]**
3. All members of the drug court team attend and participate in a minimum of two formal staffings per month. **[CS 1.7 and Cert #1.7].**
4. The program provides a continuum of services through a partnership with a primary treatment provider(s) to deliver treatment, coordinate other ancillary services, and make referrals as necessary. **[GS 1.10 and Cert #1.10]**
5. Prosecution and defense counsel are both members of the drug court team and participated in the design, implementation, and enforcement of the programs screening, eligibility and case-processing policies and procedures. **[GS 2.1 and Cert #2.1]**
6. The program has developed and uses a form to document that each participant has received counsel from an attorney prior to admittance to drug court, including the receipt of the local

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participant agreement with an executed copy placed in the official court file maintained locally. **[GS 2.7 and Cert #2.7]**

7. The target population for drug courts is offenders assessed at low-moderate to high -risk for rearrest and with moderate to high treatment needs.. **[GS 3.4 and Cert #3.4]**
8. The drug court requires a minimum 18 months of supervision and treatment for felony offenders. **[GS 4.1 and Cert #4.1]**
9. Case management plans are individualized for each participant based on the results of an initial assessment. Ongoing assessments occur according to a program schedule and treatment plans are modified or adjusted based on results **[GS 4.7 and Cert #4.7]**.
10. Referrals to other services occur as needed, a structure is in place for individuals that typically have difficulty utilizing services, and regular communication has been established between the court and various service providers. **[GS 4.7 and Cert #4.7]**.
11. Participants are administered a randomized drug test a minimum of twice per week during the first two phases of the program and a standardized system of drug testing continues through the entirety of the program. **[GS 5.1 and Cert#5.1]**
12. The program has a formal system of sanctions and rewards, including a system for reporting noncompliance, established in writing and included in the courts policies and procedures manual. **[GS 6.1 and Cert #6.1(a)(b)]**
13. The judge attends and participates in pre-court staffing sessions/meetings. **GS 7.4 and Cert #7.4**
14. The court collects, at a minimum, a mandatory set of performance measures determined by the Judicial Council Accountability Court Committee. **[GS 8.7 and Cert #8.7]**
15. Pursuant to O.C.G.A. § 15-1-15, the drug court has established a planning group that created a work plan for the court. The work plan addresses the operational, coordination, resource, information management, and evaluation needs of the court. It also includes all policies and practices related to implementing the standards set forth in Georgia Standards for Accountability Courts. **[GS 10.1]**
16. The program is commended for having protocols in place that stipulates that treatment communicate with team members via e-mail. Drug courts that shared information among team members through email had 65% lower recidivism than drug courts that did not use email (Carey, Waller, & Weller, 2010). **[GS 1.11]**
17. Treatment includes standardized, evidence-based practices (based on the Georgia Adult Drug Court Treatment Standards) and other practices recognized by the Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Policies and Practices (NREPP). Services offered and available to participants include: **[GS 4.8] [LIST NAMES OF TREATMENT TYPES HERE]**
 - a. X
 - b. Y
 - c. Z
18. The program has a formal policy on staff training requirements and continuing education, both for existing and new staff members. **[GS 9.1, 9.2, 9.7 & Cert #9.1]**

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Priority Recommendations:

The following section lists several areas that are not currently aligned with Georgia Standards and certification requirements. These are areas that could benefit from enhancements. A full set of practices that are not yet utilized by this program are attached. Additional recommendations are listed at the end.

[CREATE A LIST OF RECOMMENDATIONS FOR ANY PRACTICE CODED AS "NO" IN THE CHECKLIST THAT IS NOT INCLUDED BELOW. ATTACH THAT LIST AT THE END OF THIS REPORT.]

[INCLUDE RECOMMENDATIONS RELATED TO ANY OF THE 18 PRACTICES FROM THE LIST ABOVE THAT WERE MOVED BECAUSE THEY WERE "NO" IN THE CHECKLIST. IF THERE ARE FEWER THAN 4 PRACTICES CODED "NO" IN THE LIST ABOVE, INCLUDE ANY OTHER RECOMMENDATIONS FROM THE CHECKLIST WHERE QUESTIONS WERE ANSWERED "NO" UP TO 4 ITEMS TOTAL {TO ALLOW THE PROGRAM TO FOCUS ON KEY RECOMMENDATIONS}. IF THERE ARE MORE THAN 4 PRACTICES FROM THE LIST ABOVE THAT ARE CODED "NO," SELECT THE 4 THAT SPAN THE WIDEST RANGE OF KEY COMPONENTS/TOPICS, OR THAT ARE OF GREATEST CONCERN TO THE PROGRAM OR TO YOU. RECORD ANY ADDITIONAL RECOMMENDATIONS AT THE END OF THIS REPORT. CONSULT STATE STAFF IF YOU NEED ASSISTANCE PRIORITIZING.]

1. Establish a planning group to create a work plan for the court. The work plan shall "address the operational, coordination, resource, information management, and evaluation needs" of the court. Also, ensure both the names and organizational affiliation of those persons who are responsible for the ongoing planning of the problem-solving court are clearly listed in the policy and procedure manual or official work plans.
2. The drug court team should collaboratively develop and agree on all aspects of court operations (mission, goals, eligibility criteria, operating procedures, performance measures, , drug testing, and program structure guidelines) prior to commencement of program operations. The agreement should be documented in a memorandum of understanding (MOU), participant handbook, and/or policy and procedure manual.
3. Ensure that members of the drug court team are attending a minimum of two formal staffings per month.
4. The program is encouraged to provide a continuum of services through a partnership with a primary treatment provider(s). This partnership should deliver treatment, coordinate other ancillary services, and make referrals as necessary. Documentation should also identify specific ancillary services, how these services are accessed by participants, and the process by which they are provided to participants.
5. Prosecution and defense counsel should both be members of the drug court team as evidenced by their participation in the design, implementation, and enforcement of the programs screening, eligibility and case-processing policies and procedures.
6. The program should develop and use a form, or adopt the model created by the Judicial Council Accountability Court Committee, to document that each participant has received counsel from an attorney prior to admittance to a drug court. This includes the receipt of the local participant

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agreement with an executed copy placed in the official court file maintained locally. This copy of this document should also be included in the program policy and procedure manual.

7. The program's target population should be offenders classified as moderate to high-risk and/or need, as determined by a risk and needs assessment. A list of screening tools used, along with a description of their use must be documented in the policy and procedure manual. The court should not target a mixed population of low risk and moderate to high risk offenders to be served in a single treatment setting.
8. The program is encouraged to establish a minimum 18 months of supervision and treatment for felony offenders, as Georgia Standards require this length of time to be considered a drug court. Participant phases should also reflect the time in which participants are actually enrolled in program.
9. Case management plans should be individualized for each participant based on the results of the initial assessment. Case management documents should confirm that Ongoing assessments occur according to a program schedule and treatment plans can be modified or adjusted based on results.
10. Case management documents should confirm that:
 - a. Based on regular assessments, referrals to services in addition to primary treatment occur as needed.
 - b. Structure and support exists for individuals who typically have difficulty using services even when available.
 - c. There is regular communication between the court and various service providers.One suggestion for enhancing regular communication between service providers and the court is to create a standard form that all service providers fill out on each participant before staffing meetings. The form should include space for each type of information the court requires for use in decision making during staffings and court.
11. The program should administer drug tests to participants twice per week (at a minimum) during the first two phases of the program. A standardized system of drug testing, coordinated with probation and parole guidelines, should continue through the entirety of the program. Details of the drug testing schedule should also be documented by the program in the policy and procedure manual or other related materials.
12. The drug court should have a formal system of sanctions and rewards, including a system for reporting noncompliance. This system should be established in writing and included in the courts policies and procedures manual, along with any grids, charts, etc. that reflect how incentives/sanctions are administered.
13. The judge should attend and participate in all pre-court staffing sessions.
14. The program should collect, at a minimum, the mandatory set of performance measures determined by the Judicial Council Accountability Court Committee. This information should be provided in a timely requisite format to the Administrative Office of the Courts as required by the Judicial Council Accountability Court Committee (including a comprehensive end-of-year report). A copy of the most recently submitted report should be available as well.

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15. Pursuant to O.C.G.A. § 15-1-15, the program should establish a planning group and create a work plan for the court. The work plan should address the operational, coordination, resource, information management, and evaluation needs of the court, and should include all policies and practices related to implementing the standards set forth in the Georgia Standards for Accountability Courts. A list of planning group members and a copy of the most recent work plan created for the drug court should be available.
16. We would suggest the program review their communication protocols and make any enhancements necessary to ensure that all staff members are included on discussions regarding participants. In order for the team to make informed and fair decisions about their response to participant behavior, it is crucial that all necessary information be provided to team members before decisions are officially made. Drug courts that shared information among team members through email had 65% lower recidivism than drug courts that did not use email (Carey, Waller, & Weller, 2010).
17. Treatment should include standardized, evidence-based practices (refer to Georgia Adult Drug Court Treatment Standards) and other practices recognized by the Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Policies and Practices (NREPP). Services offered and available to participants should be documented in the policy and procedure manual as well.
18. The program should have a formal policy on staff training requirements and continuing education. Documentation should outline staff training requirements for existing and new staff members.

Practices Based on New Research Findings:

These are best and promising practices based on national research completed in 2012 that your program is already doing. Keep up the good work!

[KEEP ANY PRACTICES IN THE FOLLOWING LIST THAT ARE SCORED "YES" FROM LAST SECTION OF THE CHECKLIST; MOVE THE OTHERS (THOSE MARKED "NO") TO THE "ITEMS TO CONSIDER" LIST IN THE NEXT SECTION.]

1. In order to graduate participants must have a job or be in school
2. In order to graduate participants must have a sober housing environment
3. In order to graduate participants must have pay all court-ordered fines and fees (e.g., fines, restitution)
4. Participants are required to pay court fees
5. The drug court reports that the typical length of jail sanctions is 2 weeks or less.

This section of the report offers areas that you may want to consider implementing in your program in the future.

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[INCLUDE RECOMMENDATIONS RELATED TO ANY OF THE 5 PRACTICES FROM THE LIST ABOVE THAT WERE MOVED BECAUSE THEY WERE “NO” IN THE CHECKLIST. IF THERE ARE MORE THAN 2 PRACTICES FROM THE LIST ABOVE THAT ARE CODED “NO,” SELECT THE 2 THAT YOU BELIEVE ARE MOST ACHIEVABLE BY THIS PROGRAM. ADD THE RECOMMENDATIONS FOR ANY OTHER PRACTICE (IF THERE ARE MORE THAN 2 CODED “NO”) AT THE END OF THIS REPORT. CONSULT STATE STAFF IF YOU NEED ASSISTANCE.]

1. (RECOMMENDATION)

2. (RECOMMENDATION)

DRAFT

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Participant Feedback:

An important part of the peer review process was to hear from program participants about their experiences with the program. During the visit, we spoke with (ADD NUMBER) participants. Here is a summary of their feedback.

[BASED ON THE RESULTS OF ANY FOCUS GROUP OR PARTICIPANT INTERVIEWS YOU CONDUCTED DURING THE VISIT, INCLUDING A BRIEF SUMMARY HERE OF WHAT PARTICIPANTS LIKED, DISLIKED, AND SUGGESTED AS PROGRAM IMPROVEMENTS. INCLUDE ANY FEEDBACK YOU THINK IS USEFUL AND RELEVANT TO PROGRAM OPERATIONS.]

Participants most like and appreciate the following parts of the program: (ADD WHAT PARTICIPANTS LIKE – QUESTION 1 AND ANYTHING POSITIVE FROM QUESTIONS 3 & 4)

- (STRENGTH)
- (STRENGTH)
- (STRENGTH)
- (STRENGTH)

Participants reported that the following parts of the program are most challenging for them: (ADD WHAT PARTICIPANTS DISLIKE – QUESTION 2 & 5 AND ANY CONCERNS FROM QUESTIONS 3 & 4)

- (CHALLENGE)

Participants offered the following suggestions for the program to consider: (ADD WHAT PARTICIPANTS SUGGESTED – QUESTION 6)

- (SUGGESTION)
- (SUGGESTION)

Additional Observations:

[ADD ANY ADDITIONAL INFORMATION HERE THAT IS IMPORTANT BUT HASN'T BEEN INCLUDED YET, INCLUDING:

- INNOVATIVE PRACTICES THAT THIS COURT HAS IMPLEMENTED
- OTHER POSITIVES OR HIGHLIGHTS
- ANY CONCERNS THAT YOU WANT TO SHARE THAT ARE NOT INCLUDED ELSEWHERE
- ANY GENERAL SUCCESSES OR ACCOMPLISHMENTS THAT YOU WANT TO HIGHLIGHT
- QUESTIONS THAT WERE RAISED BY THE PROGRAM THAT YOU DON'T KNOW THE ANSWER TO OR THAT REQUIRE RESEARCH – STATE STAFF WILL RESPOND TO THE PROGRAM
- TECHNICAL ASSISTANCE OR TRAINING NEEDS OR REQUESTS – STATE STAFF WILL RESPOND TO THE PROGRAM]

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Recommended Next Steps

The results of this assessment can be used for many purposes, including 1) improvement of program structure and practices for better participant outcomes (the primary purpose), 2) grant applications to demonstrate program needs or illustrate the program's capabilities, and 3) requesting resources from boards of county commissioners or other local groups.

- ☐ **Distribute copies of the report** to all members of your team, advisory group, and other key individuals involved with your program.
- ☐ **Set up a meeting** with your team and steering committee, etc., to discuss the report's findings and recommendations. Ask all members of the group to **read the report** prior to the meeting and **bring ideas and questions**. Identify who will **facilitate** the meeting (bring in a person from outside the core group if all group members would like to be actively involved in the discussion).
- ☐ **Contact your peer reviewer or staff at the state office** if you would like outside staff to be available by phone to answer questions.
- ☐ During the meeting(s), **review each recommendation**, discuss any questions that arise from the group, and **summarize the discussion, any decisions, and next steps** [assign someone to take notes]. You can use the format on the following page or develop your own.

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Recommendation Review Form:

Please complete the following table for each recommendation. For any recommendation there may be multiple tasks in the action plan.

[PLEASE INSERT THE KEY RECOMMENDATIONS FROM THIS REPORT UNDER THE "RECOMMENDATION" COLUMNS BELOW]

Recommendation	Responsible individual, group, or agency	Action plan	Target dates	TA or training needed?
1. (RECOMMENDATION)				
2. (RECOMMENDATION)				
3. (RECOMMENDATION)				
4. (RECOMMENDATION)				
5. (RECOMMENDATION)				
6. (RECOMMENDATION)				

Responsible individual, group, or agency: Identify who is the focus of the recommendation, and who has the authority to make related changes.

Action plan: Describe the status of action related to the recommendation (some changes or decisions may already have been made). Identify which tasks have been assigned, to whom, and by what date they will be accomplished or progress reviewed. Assign tasks only to a person who is present. If the appropriate person is not present or not yet identified (because the task falls to an agency or to the community, for example), identify who from the group will take on the task of identifying and contacting the appropriate person.

- Person: (Name)
- Task: (make sure tasks are specific, measurable, and attainable)
- Deadline or review date: (e.g., June 10th) The dates for some tasks should be soon (next month, next 6-months, etc.); others (for longer-term goals for example) may be further in the future.
- Who will review: (e.g., advisory board will review progress at their next meeting)

Target dates: Indicate the date that each task will be accomplished. Add task deadlines to the agendas of future steering committee meetings, to ensure they will be reviewed, or select a date for a follow-up review (in 3 or 6 months, for example), to discuss progress and challenges, and to establish new next steps, task lists, and review dates.

TA or training needed: Add a check mark in this column if training or technical assistance is needed to help address this recommendation.

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Send this completed form to the State Office. State staff will discuss any needed training and technical assistance and how to obtain them.

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Checklist of Guidelines and Standards:

INSERT COMPLETED CHECKLIST HERE

Additional Recommendations:

INSERT LIST OF ANY RECOMMENDATIONS NOT INCLUDED EARLIER IN THE REPORT

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